Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WHOLESALE ELECTRIC SUPPLY COMPANY, INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/2012

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
WHOLESALE ELECTRIC SUPPLY CO., INC.

PO BOX 1258
TEXARKANA, TX 75504

803 S. ROBISON RD.
TEXARKANA, TX 75501

2b Employer Identification Number (EIN)
75-1102645

2c Plan Sponsor's telephone number
903-794-3400

2d Business code (see instructions)
238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2015	AMOS MCCULLOCH, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	260
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	252
a(2) Total number of active participants at the end of the plan year	**6a(2)**	265
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	13
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	278
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	278
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	101
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[ ] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
WHOLESALE ELECTRIC SUPPLY COMPANY, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLESALE ELECTRIC SUPPLY CO., INC.

D Employer Identification Number (EIN)
75-1102645

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

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(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
01-0233346	65838	105645	114	03/01/2014	02/28/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5196	186

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

RAYMOND JAMES INSURANCE GROUP

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5196	0	-	3

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

PENSION PLAN ADMINISTRATION, LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	186	-	5

(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**	1169605

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)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**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)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
WHOLESALE ELECTRIC SUPPLY COMPANY, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLESALE ELECTRIC SUPPLY CO., INC.

D Employer Identification Number (EIN)
75-1102645

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

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

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

JOHN HANCOCK LIFE INSURANCE CO

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
WHOLESALE ELECTRIC SUPPLY COMPANY, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WHOLESALE ELECTRIC SUPPLY CO., INC.

D Employer Identification Number (EIN)
75-1102645

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:	RETIREMENT CHOICES AT 2050		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39455
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREMENT CHOICES AT 2045		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15849
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREMENT CHOICES AT 2040		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	119544
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREMENT CHOICES AT 2035		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	167023
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREMENT CHOICES AT 2030		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50760
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREMENT CHOICES AT 2025		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	261985
a Name of MTIA, CCT, PSA, or 103-12 IE:	RETIREMENT CHOICES AT 2020		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59669

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT CHOICES AT 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1637

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4043

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30763

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3691

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26275

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61985

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20839

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT VALUE OPPS FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20883

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51689

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31827

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86693

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5768

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9601

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10943

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14624

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1845

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65827

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT CHOICES AT 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3099

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT CHOICES AT 2055

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3289

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
WHOLESALE ELECTRIC SUPPLY COMPANY, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLESALE ELECTRIC SUPPLY CO., INC.

D Employer Identification Number (EIN)
75-1102645

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)	808648	1169606
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	808648	1169606
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	808648	1169606

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)	373110	
	(C) Others (including rollovers)	2a(1)(C)	39148	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		412258
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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		69472
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		481730
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	115390	
(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)		115390
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	5382	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5382
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		120772
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		360958
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: HOLLIDAY, LEMONS & COX, P.C. **(2)** EIN: 75-2240394

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 03/01/2014 and ending 02/28/2015

A Name of plan
WHOLESALE ELECTRIC SUPPLY COMPANY, INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLESALE ELECTRIC SUPPLY CO., INC.

D Employer Identification Number (EIN)
75-1102645

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): 01-0233346

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN
Texarkana, Texas

AUDITED FINANCIAL STATEMENTS
For the Year Ended February 28, 2015

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HOLLIDAY, LEMONS & COX, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Wholesale Electric Supply Company, Inc.
401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Wholesale Electric Supply Company, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of February 28, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended February 28, 2015 and the related notes to the financial statement.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by John Hancock USA, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executed investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended February 28, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
AICPA'S PRIVATE COMPANIES PRACTICE SECTION
TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
ARKANSAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Other Matter

The supplemental schedule of "Schedule H Line 4j – Schedule Reportable Transactions" as of the year ended February 28, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplement schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Holliday, Lemons & Cox, P.C.

November 20, 2015

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	February 28, 2015	*February 28, 2014*
Assets		
Investments, at fair value		
Pooled Separate Accounts	$ 1,169,606	$ 808,648
Total investments	1,169,606	808,648
Total assets	1,169,606	808,648

LIABILITIES & NET ASSETS AVAILABLE FOR BENEFITS

Liabilities		
Excess contributions payable	18,551	
Total liabilities	18,551	-
Total net assets available for benefits	$ 1,151,055	$ 808,648

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

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended February 28, 2015
Additions to net assets attributed to:	
Investment income	
Net realized and unrealized appreciation in fair value of investments	$ 68,497
Total investment income (loss)	68,497
Contributions:	
Employee	355,534
Rollovers	39,148
Total contributions	394,682
Total additions (reductions)	463,179
Deductions from net assets attributed to:	
Benefits paid to participants	115,390
Administrative expenses	5,382
Total deductions	120,772
Net increase (decrease)	342,407
Net assets available for plan benefits:	
Beginning of year	808,648
End of year	$ 1,151,055

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

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
February 28, 2015 and 2014

NOTE 1- DESCRIPTION OF PLAN

The following description of the Wholesale Electric Supply Company, Inc. ("Company") 401 (k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. ***General*** – The Plan is a defined contribution plan covering eligible employees of the Company. Established March 1, 2012 to provide deferred tax benefits and savings to participants, it is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Employees began making contributions to the Plan on June 1, 2012.

B. ***Prototype Plan*** – The governing Plan document is a non-standardized prototype plan in which the Plan sponsor has chosen certain features of the Plan from a limited set of options. The dual eligibility option was customized for the Plan to allow all employees of the Company at March 1, 2012 the opportunity to participate in the Plan without the service eligibility requirement.

C. ***Eligibility*** – Under the Plan, employees who have completed one year of service and have reached age 21 are eligible to participate in the Plan. Effective June 1, 2013, the Plan document was amended to remove the service requirement. Employees who have reached age 21 are eligible to participate in the Plan on the next plan entry date. The entry dates are the first day of Plan year and the first day of the seventh month in the Plan year.

D. ***Contributions*** – Each year eligible participants may contribute up to the maximum dollar set by the Internal Revenue Service each year. In 2015 and 2014, the maximum dollar amount was $17,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan allows for matching Company contributions as employer contributions. In 2015 and 2014, the Company did not make any matching Company contributions. In addition, for the Plan year, the Company may, at its discretion, contribute out of its current accumulated earnings and profits, an additional amount. In 2015 and 2014, the Company did not make a discretionary contribution.

E. ***Participant Accounts*** - Each participant's account is credited with the participant's contribution, and allocations of Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on account balances or charged equally to each participant. In addition, some types of expenses may be charged to only some participants based upon their use of a Plan feature or receipt of a distribution. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

F. ***Vesting*** - Participants are immediately vested in contributions they make to the Plan plus earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts is based on years of continuous service to the Company. Participants generally shall have a non-forfeitable right in earnings when they become vested 100% in their account balance.

If a participant's employment with the Company ends for any reason other than retirement, permanent disability, or death, the participant will vest in the employer contributions in the following manner.

Less than 2 years of Service	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

G. ***Participant Loans*** - The Plan does not allow for loans to participants from their accounts.

H. ***Payment of Benefits*** – On termination of service due to normal retirement age, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments. For termination of service due to death, disability or other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Terminated participants with account balances that do not exceed $5,000 receive a distribution of the vested portion of their account balance as soon as administratively feasible following termination of employment. Terminated participants with account balances exceeding $5,000 may elect to postpone distributions.

I. ***Forfeited Accounts*** – At February 28, 2015, there were no forfeited nonvested accounts. In the event that participants forfeit their nonvested account balances, the forfeitures will be used to reduce any employer matching contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. ***Estimates*** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

B. ***Basis of Accounting*** – The financial statements of the Plan are prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in the net assets available for benefits.

C. ***Valuation of Investments*** – Investments are reported at fair value. Fair value is the price that would be received to sell and asset or paid to transfer in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities underlying the pooled separate accounts are recorded on a trade-date basis. Income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

D. Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions and earnings on those contributions. The Plan distributed the 2014 excess contributions to the applicable participants prior to December 31, 2015.

E. Payment of Benefits – Benefits are recorded when paid.

F. Operating Expenses – Some of the expenses of maintaining the Plan are paid by the Company.

NOTE 3 – FAIR VALUE MEASURMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature provides a fair value hierarchy that prioritizes the inputs in valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets or liabilities and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; Level 3 inputs are unobservable and have the lowest priority. The Plan uses the appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 1 or Level 3 inputs were available to the Plan.

Level 2 Fair Value Measurements

The pooled separate accounts are valued at the net asset value ("NAV") of units of pooled accounts. The NAV, as provided by the trustee, 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. The 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 report NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate full redemption of the pooled separate accounts, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of February 28, 2015 and 2014:

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

	Assets at Fair Value as of February 28			
	2015		*2014*	
	Level 2	*Total*	*Level 2*	*Total*
Pooled separate accounts	$ 1,169,606	$ 1,169,606	$ 808,648	$ 808,648
Total assets at fair value	$ 1,169,606	$ 1,169,606	$ 808,648	$ 808,648

The following tables summarize investments measured at fair value based on NAV per share as of February 28, 2015 and 2014, respectively:

February 28, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
RC at 2010	$ 3,099	N/A	Daily	N/A
RC at 2015	1,637	N/A	Daily	N/A
RC at 2020	59,669	N/A	Daily	N/A
RC at 2025	261,985	N/A	Daily	N/A
RC at 2030	50,760	N/A	Daily	N/A
RC at 2035	167,023	N/A	Daily	N/A
RC at 2040	119,544	N/A	Daily	N/A
RC at 2045	15,849	N/A	Daily	N/A
RC at 2050	39,455	N/A	Daily	N/A
RC at 2055	3,289	N/A	Daily	N/A
MONEY	1,845	N/A	Daily	N/A
TOTAL RETN	14,624	N/A	Daily	N/A
VS STR INC	10,943	N/A	Daily	N/A
REAL RTRN	9,601	N/A	Daily	N/A
OPP INTB	5,768	N/A	Daily	N/A
PAR EQ INC	86,693	N/A	Daily	N/A
DISCIPVAL	65,827	N/A	Daily	N/A
VS UTILIT	31,827	N/A	Daily	N/A
VS CAP APP	51,689	N/A	Daily	N/A
LORDVALOPP	20,883	N/A	Daily	N/A
OPINTGRW	20,839	N/A	Daily	N/A
VS SCTEC	61,985	N/A	Daily	N/A
US SML CAP	26,275	N/A	Daily	N/A
VS IT VL	3,691	N/A	Daily	N/A
ENTERGY	30,763	N/A	Daily	N/A
VS NAT RES	4,043	N/A	Daily	N/A
Total	$ 1,169,606			

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

February 28, 2014	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
RC at 2010	$ 606	N/A	Daily	N/A
RC at 2015	87,040	N/A	Daily	N/A
RC at 2020	22,326	N/A	Daily	N/A
RC at 2025	166,726	N/A	Daily	N/A
RC at 2030	31,804	N/A	Daily	N/A
RC at 2035	126,093	N/A	Daily	N/A
RC at 2040	71,483	N/A	Daily	N/A
RC at 2045	10,665	N/A	Daily	N/A
RC at 2050	22,409	N/A	Daily	N/A
MONEY	1,234	N/A	Daily	N/A
TOTAL RETN	11,474	N/A	Daily	N/A
VS STR INC	4,599	N/A	Daily	N/A
REAL RTRN	5,691	N/A	Daily	N/A
OPP INTB	4,191	N/A	Daily	N/A
PAR EQ INC	54,607	N/A	Daily	N/A
DISCIPVAL	46,319	N/A	Daily	N/A
VS UTILIT	13,665	N/A	Daily	N/A
VS CAP APP	25,474	N/A	Daily	N/A
LORDVALOPP	10,801	N/A	Daily	N/A
OPINTGRW	10,911	N/A	Daily	N/A
VS SCTEC	33,024	N/A	Daily	N/A
US SML CAP	15,928	N/A	Daily	N/A
VS IT VL	2,071	N/A	Daily	N/A
ENTERGY	26,343	N/A	Daily	N/A
VS NAT RES	3,164	N/A	Daily	N/A
Total	$ 808,648			

NOTE 4 – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

	February 28, 2015	*February 28, 2014*
Pooled separate accounts:		
Participant directed		
RC at 2015	$ -	$ 87,040
RC at 2020	59,669	22,326
RC at 2025	261,985	166,726
RC at 2030	50,760	31,804
RC at 2035	167,023	126,093
RC at 2040	119,544	71,483
RC at 2050		22,409
PAR EQ INC	86,693	54,607
DISCIPVAL	65,827	46,319
VS CAP APP	51,689	25,474
VS SCTEC	61,985	33,024
ENERGY		26,343

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $68,497 and $70,455, respectively, as follows:

	2015	2014
Pooled separate accounts	$ 68,497	$ 70,455
	$ 68,497	$ 70,455

NOTE 5 – RELATED PARTY & PARTY IN INTEREST TRANSACTIONS

John Hancock USA is the trustee of the Plan as defined by the Plan document. John Hancock manages the Plan's investments and provides investment advisory services to participants. Fees paid by the Plan for the investment advisory and management services were $5,196 and $2,934 during the years ended February 28, 2015 and 2014, respectively. Fees for the current Plan year are reflected in administrative expenses on the statement of changes in net assets available for benefits.

Werntz and Associates, Inc. is the third party administrator of the Plan. Werntz and Associates, Inc. provides accounting, administrative, and tax services for the Plan. Fees paid by the Plan for these administrative services were $0 during the years ended February 28, 2015 and 2014.

Pension Plan Administrators, LLC was the third party administrator of the Plan for the year ended February 28, 2013. Pension Plan Administrators, LLC provided accounting, administrative, and tax services for the Plan. Fees paid by the Plan for these administrative services were $186 and $1,588 during the years ended February 28, 2015 and 2014, respectively. Fees for the current Plan year are reflected in administrative expenses on the statement of changes in net assets available for benefits.

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

Holliday, Lemons, & Cox, P.C. provides audit services for the Plan. Fees paid by the Plan for these services were $0 during the years ended February 28, 2015 and 2014.

Hyden, Miron, & Foster, LLC provides legal services for the Plan. Fees paid by the Plan for these services were $0 during the years ended February 28, 2015 and 2014.

Pursuant to the Plan document, all administrative expenses of the Plan may be paid out of Plan assets unless paid by the Company. Expenses paid by the Company are considered related party transactions. The Company paid Werntz & Associates, Inc. administrative expenses of $8,864 and $0 during the Plan years ended February 28, 2015 and 2014, respectively. The Company paid Pension Plan Administrators, LLC administrative expenses of $2,368 and $6,535 during the Plan years ended February 28, 2015 and 2014, respectively. The Company paid Holliday, Lemons, & Cox, P.C. audit fees of $11,890 and $14,825 during the years ended February 28, 2015 and 2014, respectively. The Company paid Hyden, Miron, & Foster, LLC legal fees of $214 and $1,415 during the Plan years ended February 28, 2015 and 2014, respectively.

Certain clerical and administrative functions of the Plan are performed by employees of the Company. These employees receive no compensation from the Plan for such services.

NOTE 6 - TAX STATUS

The prototype plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service (IRS) stated that the prototype plan, as designed on January 31, 2006, is qualified and the trust established under the prototype plan is tax-exempt and in compliance with the Internal Revenue Code. The prototype plan was amended effective June 1, 2013. The Plan Administrator and Plan's tax counsel believe that the prototype plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator will make any changes deemed necessary to ensure that the Plan maintains tax-exempt status. The tax years through the fiscal year ended February 28, 2013 remain subject to examination by the Internal Revenue Service.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

NOTE 8 – FIDELITY BOND COVERAGE

The Plan was covered by a fidelity bond for the year ended February 28, 2015. The amount of coverage in effect during the year was $100,000.

NOTE 9 – SUMMARY ANNUAL REPORT

The Plan will distribute the Summary Annual Report for the year ended February 28, 2015 to participants in December, 2015.

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

NOTE 10 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, John Hancock USA:

	February 28, 2015	*February 28, 2014*
Pooled separate accounts	$ 1,169,606	$ 808,648
Distributions to participants	115,390	11,064
Administrative expenses		1,325
Employee contributions	373,110	298,642
Rollovers	39,148	92,793
Investment gain/loss from pooled accounts	34,091	67,258

NOTE 11 – LATE REMITTANCE OF PARTICIPANT CONTRIBUTIONS

Throughout the plan years, contributions were withheld from employee paychecks. During the Plan year ended February 28, 2015, all contributions were remitted timely and in compliance with the Department of Labor guidelines. On one occasion during the Plan year ended February 28, 2014, participant contributions were not remitted on a timely basis to the Plan. The delinquency was approximately 10 days. Earnings due to the delay in remittance were insignificant and calculated to be less than $1; therefore, the contribution was considered corrected outside the Voluntary Fiduciary Correction Program (VFCP). According to the Department of Labor (DOL) regulations, when an employer is delinquent in forwarding participant contributions and holds them commingled with its general assets, the employer has engaged in a nonexempt prohibited transaction under ERISA section 406. All other contributions for the Plan year ended February 28, 2014 were remitted timely and in compliance with the Department of Labor guidelines.

NOTE 12 – 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

NOTE 13 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of excess contributions payable for the year ended February 28, 2015.

	February 28, 2015
Excess contributions payable per the financial statements	$ 18,551
Less: Amounts accrued at February 28, 2015	(18,551)
Other liabilities per Form 5500	$ -

The following is a reconciliation of net assets available for benefit for the year ended February 28, 2015.

	February 28, 2015
Net assets available for benefits per the financial statements	$ 1,151,055
Add: Excess contributions payable at February 28, 2015	18,551
Net assets available for benefits per Form 5500	$ 1,169,606

The following is a reconciliation of contributions per the financial statements for the year ended February 28, 2015 to Form 5500:

	February 28, 2015
Employee contributions per the financial statements	$ 355,534
Add: Excess contributions payable at February 28, 2015	17,576
Employee contributions per Form 5500	$ 373,110

The following is a reconciliation of net realized and unrealized appreciation in fair value of investments per the financial statements for the year ended February 28, 2015 to Form 5500:

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

	February 28, 2015
Net realized and unrealized appreciation in fair value of investments	$ 68,497
Add: Excess contributions payable at February 28, 2015	975
Net investment gain from pooled separate accounts per Form 5500	$ 69,472

NOTE 14 – PLAN AMENDMENTS

The Plan was amended effective June 1, 2013, to remove the service requirement for plan participation. All employees who have reached age 21 are eligible to participate in the plan and may enter the plan at the next plan entry date as described in Note 1.

NOTE 15 – SUBSEQUENT PRONOUNCEMENTS

The Financial Accounting Standards Board recently issued the following statements which will be applicable to the Company for future reporting periods. The statements which might impact the Company are as follows:

Update No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)* issued in May 2015, will be effective for the Plan for the year ending February 28, 2018. Under the amendments in this Update, investments for which fair value is measured at net asset value per share (or its equivalent) using the practical expedient should not be categorized in the fair value hierarchy. Removing those investments from the fair value hierarchy not only eliminates the diversity in practice resulting from the way in which investments measured at net asset value per share (or its equivalent) with future redemption dates are classified, but also ensures that all investments categorized in the fair value hierarchy are classified using a consistent approach. Investments that calculate net asset value per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy.

Update No. 2015-10, *Technical Corrections ad Improvements* issued in June 2015, will be effective for the Plan for the year ending February 28, 2017. The amendments in this Update represent changes to clarify the Codification, correct unintended application of the guidance, or make minor improvements to the Codification that are not expected to have a significant effect on current accounting practice or create a significant administrative cost to most entities. Additionally, some of the amendments will make the Codification easier to understand and easier to apply by eliminating inconsistencies, providing needed clarifications, and improving the presentation of guidance in the Codification.

Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – Part II: Plan Investment Disclosures* issued in July 2015, will be effective for the Plan for the year ending February 28, 2017. GAAP requires plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type. The amendments in this Update will eliminate those requirements for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period still will be required to be presented in the aggregate, but will no longer be required to be disaggregated and disclosed by general type.

Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – Part III: Measurement Date Practical Expedient* issued in July 2015, will be effective for the Plan for the year ending February 28, 2017. The amendments in this Update provide a practical expedient to permit plans to measure investments and investment-related accounts (for example, a liability for a pending trade with a broker) as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with a month-end. If a plan applies the practical expedient and a contribution, distribution, and/or significant event occurs between the alternative measurement date and the plan's fiscal year-end, the plan should disclose the amount of the contribution, distribution, and/or significant event. The plan should also disclose the accounting policy election and the date used to measure investments and investment-related accounts.

NOTE 16 – SUBSEQUENT EVENT

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through November 20, 2015, the date the financial statements were available for issue.

SUPPLEMENTARY INFORMATION

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2015
75-1102645
Plan Number 002

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Capital Appreciation Fund	$ 54,880				$ 54,880		
	JH Ret To 2010 Managed Port	3,970				3,970		
	JH Ret To 2015 Managed Port	89,759				89,759		
	JH Ret To 2020 Managed Port	72,755				72,755		
	JH Ret To 2025 Managed Port	292,548				292,548		
	JH Ret To 2030 Managed Port	55,242				55,242		
	JH Ret To 2035 Managed Port	171,106				171,106		
	JH Ret To 2040 Managed Port	135,412				135,412		
	JH Ret To 2045 Managed Port	16,496				16,496		
	JH Ret To 2050 Managed Port	95,645				95,645		
	JH Ret to 2055 Managed Port	3,174				3,174		
	John Hancock Disciplined Value	71,138				71,138		
	International Value Fund	4,770				4,770		
	Lord Abbett Value Opps Fund	21,462				21,462		
	Money Market Fund	2,087				2,087		
	Oppenheimer Intl Bond	6,482				6,482		
	Oppenheimer Intl Growth Fund	24,724				24,724		
	Parnassus Core Equity Fund	89,527				89,527		
	PIMCO Real Return	11,153				11,153		
	Natural Resources Fund	5,968				5,968		
	DFA U.S. Small Cap Fund	30,284				30,284		
	Strategic Income Opp Fund	12,330				12,330		
	Science & Technology Fund	65,384				65,384		
	PIMCO Total Return	15,432				15,432		
	Utilities Fund	43,780				43,780		
	Vanguard Energy Fund	49,468				49,468		
	Total	$ 1,444,976				$ 1,444,976		

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2015
75-1102645
Plan Number 002
(Continued)

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Capital Appreciation Fund		$ 33,835			$ 28,664		$ 5,171
	JH Ret To 2010 Managed Port		1,523			1,513		10
	JH Ret To 2015 Managed Port		177,169			172,088		5,081
	JH Ret To 2020 Managed Port		37,300			36,187		1,113
	JH Ret To 2025 Managed Port		209,858			191,790		18,068
	JH Ret To 2030 Managed Port		39,041			35,121		3,920
	JH Ret To 2035 Managed Port		140,702			132,710		7,992
	JH Ret To 2040 Managed Port		94,515			84,433		10,082
	JH Ret To 2045 Managed Port		12,312			10,656		1,656
	JH Ret To 2050 Managed Port		81,438			77,901		3,537
	John Hancock Disciplined Value		57,205			47,241		9,964
	International Value Fund		2,860			2,576		284
	Lord Abbett Value Opps Fund		12,871			11,078		1,793
	Money Market Fund		1,459			1,479		(20)
	Oppenheimer Intl Bond		4,898			4,892		6
	Oppenheimer Intl Growth Fund		14,675			13,689		986
	Parnassus Core Equity Fund		66,169			53,766		12,403
	PIMCO Real Return		7,361			7,369		(8)
	Natural Resources Fund		4,038			3,859		179
	DFA U.S. Small Cap Fund		21,492			19,215		2,277
	Strategic Income Opp Fund		6,365			6,166		199
	Science & Technology Fund		42,048			34,185		7,863
	PIMCO Total Return		12,726			12,566		160
	Utilities Fund		26,920			24,983		1,937
	Vanguard Energy Fund		39,328			35,385		3,943
	Total		$1,148,108			$1,049,512		$98,596

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

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WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2015
75-1102645
Plan Number 002
(Continued)

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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	JH Ret To 2035 Managed Port		140,702			132,710		7,992
	JH Ret To 2040 Managed Port		94,515			84,433		10,082
	JH Ret To 2045 Managed Port		12,312			10,656		1,656
	JH Ret To 2050 Managed Port		81,438			77,901		3,537
	John Hancock Disciplined Value		57,205			47,241		9,964
	International Value Fund		2,860			2,576		284
	Lord Abbett Value Opps Fund		12,871			11,078		1,793
	Money Market Fund		1,459			1,479		(20)
	Oppenheimer Intl Bond		4,898			4,892		6
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	PIMCO Real Return		7,361			7,369		(8)
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	DFA U.S. Small Cap Fund		21,492			19,215		2,277
	Strategic Income Opp Fund		6,365			6,166		199
	Science & Technology Fund		42,048			34,185		7,863
	PIMCO Total Return		12,726			12,566		160
	Utilities Fund		26,920			24,983		1,937
	Vanguard Energy Fund		39,328			35,385		3,943
	Total		$1,148,108			$1,049,512		$98,596

WHOLESALE ELECTRIC SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN

Notes to financial statements continued.

	Assets at Fair Value as of February 28			
	2015		*2014*	
	Level 2	*Total*	*Level 2*	*Total*
Pooled separate accounts	$ 1,169,606	$ 1,169,606	$ 808,648	$ 808,648
Total assets at fair value	$ 1,169,606	$ 1,169,606	$ 808,648	$ 808,648

The following tables summarize investments measured at fair value based on NAV per share as of February 28, 2015 and 2014, respectively:

February 28, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
RC at 2010	$ 3,099	N/A	Daily	N/A
RC at 2015	1,637	N/A	Daily	N/A
RC at 2020	59,669	N/A	Daily	N/A
RC at 2025	261,985	N/A	Daily	N/A
RC at 2030	50,760	N/A	Daily	N/A
RC at 2035	167,023	N/A	Daily	N/A
RC at 2040	119,544	N/A	Daily	N/A
RC at 2045	15,849	N/A	Daily	N/A
RC at 2050	39,455	N/A	Daily	N/A
RC at 2055	3,289	N/A	Daily	N/A
MONEY	1,845	N/A	Daily	N/A
TOTAL RETN	14,624	N/A	Daily	N/A
VS STR INC	10,943	N/A	Daily	N/A
REAL RTRN	9,601	N/A	Daily	N/A
OPP INTB	5,768	N/A	Daily	N/A
PAR EQ INC	86,693	N/A	Daily	N/A
DISCIPVAL	65,827	N/A	Daily	N/A
VS UTILIT	31,827	N/A	Daily	N/A
VS CAP APP	51,689	N/A	Daily	N/A
LORDVALOPP	20,883	N/A	Daily	N/A
OPINTGRW	20,839	N/A	Daily	N/A
VS SCTEC	61,985	N/A	Daily	N/A
US SML CAP	26,275	N/A	Daily	N/A
VS IT VL	3,691	N/A	Daily	N/A
ENTERGY	30,763	N/A	Daily	N/A
VS NAT RES	4,043	N/A	Daily	N/A
Total	$ 1,169,606			