Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
ANIXTER INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 08/01/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

ANIXTER INC.

2301 PATRIOT BLVD
GLENVIEW, IL 60026-8020

2b Employer Identification Number (EIN)
36-2361285

2c Plan Sponsor's telephone number
224-521-8000

2d Business code (see instructions)
423600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	BOB FRUEH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ANIXTER INC.

2301 PATRIOT BLVD
GLENVIEW, IL 60026-8020

3b Administrator's EIN: 36-2361285

3c Administrator's telephone number: 224-521-8000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5** 7667
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)** 4520
a(2)	Total number of active participants at the end of the plan year	**6a(2)** 3420
b	Retired or separated participants receiving benefits	**6b** 858
c	Other retired or separated participants entitled to future benefits	**6c** 2089
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d** 6367
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e** 287
f	Total. Add lines **6d** and **6e**.	**6f** 6654
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g** 0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h** 254
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:

1A 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

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

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	236136529
b Actuarial value	**2b**	236136529

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1056	58754948	58754948
b For terminated vested participants	2091	34352653	34352653
c For active participants	4520	86187631	86879689
d Total	7667	179295232	179987290

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.39%
6 Target normal cost	**6**	4150848

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/03/2016
Date

CINDY FRATERRIGO
Type or print name of actuary

14-06229
Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP
Firm name

312-298-4320
Telephone number (including area code)

ONE NORTH WACKER
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6215850
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.60%		410246
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		6626096
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	131.19 %
15	Adjusted funding target attainment percentage	15	131.19 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	134.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2015	12404703	0			
01/15/2016	2250000	0			
04/14/2016	2250000	0			
07/15/2016	2250000	0			
09/14/2016	2250000	0			
			Totals ► 18(b)	21404703	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	20073430
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		☐ Yes ☒ No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☐ Yes ☐ No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

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

22 Weighted average retirement age — **22**: 62

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

Part VI Miscellaneous Items

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

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**: 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) — **31a**: 4150848

b Excess assets, if applicable, but not greater than line 31a — **31b**: 4150848

32 Amortization installments:

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 0

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

36 Additional cash requirement (line 34 minus line 35) — **36**: 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 20073430

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

a Total (excess, if any, of line 37 over line 36) — **38a**: 20073430

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) — **39**: 0

40 Unpaid minimum required contributions for all years — **40**: 0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment — **42**:

43 Excess installment acceleration amount to be carried over to future plan years — **43**:

SCHEDULE C (Form 5500)	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.**	**2015** **This Form is Open to Public Inspection.**

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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

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

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

KALMAR INVESTMENTS, INC.

3701 KENNETT PIKE
WILMINGTON, DE 19807

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	396081	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

155 NORTH WACKER DRIVE
15TH FLOOR
CHICAGO, IL 60606

36-2336943

(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	RECORDKEEPER	386584	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK

500 GRANT STREET SUITE 0625
PITTSBURGH, PA 15258

13-5160382

(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?
21	TRUSTEE	272103	Yes [ ] No [X]	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)

ICAP

225 WEST WACKER, SUITE 2400
CHICAGO, IL 60606

03-0598064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 21	INVESTMENT MANAGEMENT	247772	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLARIVEST ASSET MANAGEMENT LLC

3611 VALLEY CENTRE DR #100
SAN DIEGO, CA 92130

(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	ASSET MANAGEMENT	211942	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS, SAYLES & COMPANY, LLP

ONE FINANCIAL CENTER
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	143952	Yes [ ] No [X]	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)

PRICEWATERHOUSECOOPERS

PO BOX 75647
CHICAGO, IL 60675

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	ACTUARIAL & TRUSTEE FEES	111615	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEMARCHE ASSOCIATES

6700 ANTIOCH RD., SUITE 420
MERRIAM, KS 66204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	54000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WASHINGTON, PITTMAN AND MCKEEVER, L

819 S WABASH AVE
CHICAGO, IL 60605

(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?
10	ACCOUNTING	13800	Yes [ ] No [X]	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)

SOLENTURE, INC.

TWO GATEWAY CENTER, SUITE 1600
603 STANWIX STREET
PITTSBURGH, PA 15222-1402

(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	CONSULTANT	12000	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

2015

This Form is Open to Public Inspection.

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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: COLUMBIA MANAGEMENT HIGH YIELD FUND

b Name of sponsor of entity listed in (a): COLUMBIA MANAGEMENT INVESTMENT ADVISORS, LLC

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)
41-1533211-000	C	9891975

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2015

This Form is Open to Public Inspection

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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)	6750000	9000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1947517	1020419
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9141136	8667258
(2) U.S. Government securities	1c(2)	1158900	2947671
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	73611555	69290760
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	128104563	125775733
(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)	9915123	9891975
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8282666	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	335290	522459

		(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	239246750	227116275
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2986246	6441
k Total liabilities (add all amounts in lines 1g through1j)	1k	2986246	6441
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	236260504	227109834

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)	21404703	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21404703
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	397	
(B) U.S. Government securities	2b(1)(B)	71334	
(C) Corporate debt instruments	2b(1)(C)	3415152	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	33789	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3520672
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	7332	
(B) Common stock	2b(2)(B)	1773115	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	24459	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1804906
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	209502895	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	214687859	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-5184964
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-10400525	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-10400525

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-20178
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-505038
c Other income	2c		34763
d Total income. Add all **income** amounts in column (b) and enter total	2d		10654339
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17516949	
(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)		17516949
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)	50310	
(2) Contract administrator fees	2i(2)	461689	
(3) Investment advisory and management fees	2i(3)	1338488	
(4) Other	2i(4)	437573	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2288060
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19805009
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9150670
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: WASHINGTON, PITTMAN & MCKEEVER, LLC **(2)** EIN: 36-4189747

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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			15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

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

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
ANIXTER INC.

D Employer Identification Number (EIN)
36-2361285

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): 36-2361285 _____

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** 214

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: 56.0% Investment-Grade Debt: 31.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 12.0%

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

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

Part VII IRS Compliance Questions

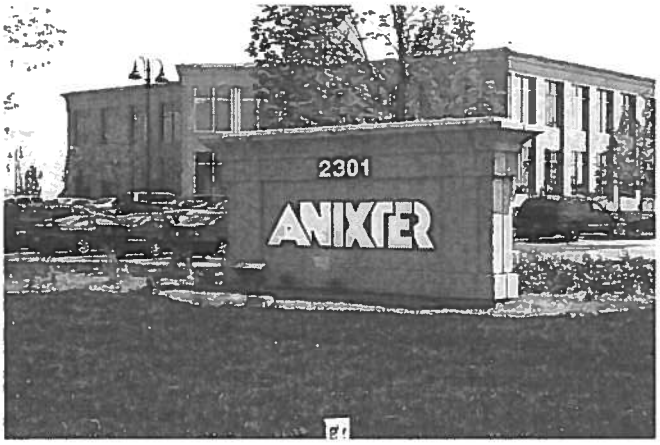
20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

Years ended December 31, 2015 and 2014
with Report of Independent Auditors

Employer Identification #36-2361285
Plan #010

Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

Years ended December 31, 2015 and 2014
with Report of Independent Auditors

Employer Identification #36-2361285
Plan #010

Anixter Inc. Pension Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2015 and 2014

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Report of Independent Auditors

The Board of Directors of Anixter Inc. and the
Trustees of the Anixter Inc. Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Anixter Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of change in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audits 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 4, which was certified by BNY Mellon Trust Company of Illinois, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions.

The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 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.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2015, schedule of assets (acquired and disposed of within year) – year ended December 31, 2015, and the schedule of reportable transactions for the year ended December 31, 2015, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Washington, Pittman & McKeever, LLC

WASHINGTON, PITTMAN & McKEEVER, LLC

Chicago, Illinois
October 6, 2016

Anixter Inc. Pension Plan
Statements of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments, at fair value:		
Collective short term investment funds	$ 8,667,258	$ 9,141,136
Common collective trust	9,891,975	9,915,123
Corporate stocks - common and preferred	125,775,733	128,104,563
Mutual funds	—	8,282,666
Corporate bonds	69,290,760	73,611,555
Government bonds	2,947,671	1,158,900
State and local obligations	522,459	335,290
Total investments	217,095,856	230,549,233
Receivable for employer contributions	9,000,000	6,750,000
Receivable for securities sold	—	902,270
Accrued investment income	1,020,419	1,045,247
Total assets	227,116,275	239,246,750
Liabilities		
Payable for securities purchased	6,441	2,986,246
Net assets available for benefits	$ 227,109,834	$ 236,260,504

See accompanying notes to financial statements.

Anixter Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Additions		
Interest and dividend income	$ 5,364,626	$ 5,420,662
Net realized and unrealized (depreciation)/appreciation in fair value of investments	(16,114,990)	10,580,456
Contributions from employer	21,404,703	6,750,000
Total additions	10,654,339	22,751,118
Deductions		
Benefit payments	17,516,949	6,451,025
Administrative fees	2,288,060	2,170,099
Total deductions	19,805,009	8,621,124
Net (decrease) increase	(9,150,670)	14,129,994
Net assets available for benefits at beginning of year	236,260,504	222,130,510
Net assets available for benefits at end of year	$ 227,109,834	$ 236,260,504

See accompanying notes to financial statements.

Note 1. Description of Plan

General
The Anixter Inc. Pension Plan (the "Plan") is a defined-benefit plan providing retirement benefits to substantially all non-union domestic employees of Anixter Inc., Anixter International Inc. and participating subsidiaries (collectively, the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants should refer to the Summary Plan Description and Plan agreement for a complete description of the Plan's provisions.

During 2015, the Employer took two actions relating to the Plan. First, the plan was frozen to new hires, rehires, and employees of related companies of the Employer that have not yet adopted the Plan on or before July 1, 2015. The Employer will make an annual contribution to the Employee Savings Plan on behalf of each active participant who is first hired or rehired on or after July 1, 2015, or is not participating in the Pension Plan. The amount of the Employer annual contribution to each active participant's account will be an amount determined by multiplying the participant's salary for the Plan year by either: (1) 2% if such participant's years of service as of August 1 of the Plan year is fewer than five, or (2) 2.5% if such participant's years of service as of August 1 of the Plan year is five or greater. This contribution is in lieu of being eligible for the Plan.

Second, the Plan was amended to allow for terminated employees of the Employer's former Fastener segment to become immediately vested, if they were hired before February 12, 2015 and are not already fully vested. Furthermore, the amendment allows for employees who were terminated in connection with the sale of the Fastener business, the one-time option to receive a cash payout of their vested benefits. This resulted in $10.2 million of additional contributions paid by us using excess cash from operations to fund $10.2 million of payments.

Contributions
Contributions to the Plan by the Employer for the funding of current and past service cost of benefits are determined by the Plan's actuary. In 2016, the Employer made cash contributions of $9,000,000 related to the 2015 plan year. These contributions are included as a receivable for employer contributions in the Statement of Net Assets Available for Benefits as of December 31, 2015.

In 2015, the Employer made cash contributions of $12,404,703 related to the 2015 plan year and $6,750,000, related to the 2014 plan year. The $6,750,000 contributions related to the 2014 plan year are included as a receivable for employer receivable for employer contributions in the Statement of Net Assets Available for Benefits as of December 31, 2014.

In 2014, the Employer made no cash contributions to the Plan related to the 2014 plan year as $8,279,000 of the contributions were related to the 2013 plan year. The Plan has met the minimum funding requirements of ERISA during 2015 and 2014.

Vesting
Participants who were hired prior to June 1, 2004 vested after five years of service and participants hired thereafter vest after three years of service only if they terminated after January 1, 2011. Previously, employees hired after June 1, 2004 needed to have five years of service.

Note 1. Description of Plan (continued)

Plan Fees and Expenses
Management and trustee fees, actuarial fees, certain legal and consulting fees related to the administration of the Plan and Pension Benefit Guaranty Corporation ("PBGC") premiums are paid by the Plan.

Plan Termination
While the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth under ERISA. In the event the Plan terminates, the assets of the Plan will be liquidated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits under the Plan. There are limits on the amount of this priority.
b. Other vested benefits insured by the PBGC up to the applicable limit.
c. All other vested benefits.
d. All nonvested benefits.

In the event of liquidation, each affected participant shall have a fully vested and nonforfeitable right to their benefits then accrued under the Plan. Participants should refer to the Plan agreement for details regarding Plan termination.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting.

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

Recently Issued Accounting Pronouncements
In May 2015, the Financial Accounting Standards board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent).* Under the standard, investments for which fair value is measured at net asset value per share (or its equivalent) using

Note 2. Summary of Significant Accounting Policies (continued)

the practical expedient will no longer be categorized in the fair value hierarchy. It is effective for fiscal years and interim periods beginning after December 15, 2015, but early adoption is permitted. The Plan adopted this standard for the reporting year 2015. The adoption of this standard did not have a material impact on the financial statements.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962) and Health and Welfare Benefit Plans (Topic 965)*. Part II of the ASU "*Plan Investment Disclosures*" updates the guidance on disclosure requirements related to net appreciation or depreciation for investments by general type. The net appreciation or depreciation in investments for the period still will be required to be presented in aggregate, but will no longer be required to be disaggregated and disclosed by general type. Additionally, when disaggregation is required for other information, the amendments in the ASU will only require investments to be grouped by general type; eliminating the need to disaggregate the investments in multiple ways. The guidance is effective for financial statements issued for fiscal years beginning after December 15, 2015. The Plan adopted this standard for the reporting year 2015. The adoption of this standard did not have a material impact on the financial statements.

No other recently issued, but not yet effective accounting pronouncements, if adopted, would have a material impact on the Plan's financial results.

Fair Value Measurements of Investments
The following presents information about the Plan's assets measured at fair value on a recurring basis for the Plan years 2015 and 2014, and the valuation techniques used by the Plan to determine those fair values. The inputs used in the determination of these fair values are categorized according to the fair value hierarchy as being Level 1, Level 2 or Level 3.

In general, fair values determined by Level 1 inputs use unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access. The majority of the Plan's assets valued by Level 1 inputs are comprised of United States equity and fixed income securities, which are traded actively on public exchanges and valued at quoted prices at the end of the fiscal year.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals. The Plan's assets valued by Level 2 inputs are comprised of the following:

a. Common/collective funds, which are not exchange traded. These assets are valued at their Net Asset Values ("NAV") based on inputs that are directly or indirectly observable.
b. Equity securities that are not exchange traded, and which values are based on quoted prices for identical or similar assets in inactive markets.

Note 2. Summary of Significant Accounting Policies (continued)

c. Fixed income securities (corporate bonds and U.S. Treasury notes and other government bonds) are valued using pricing models maximizing the use of observable inputs for similar securities.
d. Mutual funds are valued at their Net Asset Values ("NAV") based on inputs that are directly observable.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. The Plan does not have any pension assets valued by Level 3 inputs.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The Plan presents, in the statements of changes in assets, the net realized and unrealized appreciation or depreciation in fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments. See Note 3. "Investments" for more information regarding the Plan's fair value measurement of its investments.

Purchases and sales of securities are recorded on the trade date. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Actuarial Value of Accumulated Plan Benefits
Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. For those employees hired before June 1, 2004, benefits for active, retired, or terminated employees or their beneficiaries are generally based on employees' highest average annual compensation from any 60 consecutive months out of the 120 months before termination of employment. For employees hired on or after June 1, 2004 and before July 1, 2015, a benefit is earned under a cash balance account. Each year, a participant's account receives a credit equal to 2.0% of the participant's salary (2.5% if the participant's years of service at the beginning of the Plan year are five or more). Interest earned on the credited amount is not credited to the cash balance account, but is contributed to the participant's account in the Employee Savings Plan. Benefits payable in circumstances such as retirement, death, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date. Effective December 31, 2013, all employees hired before June 1, 2004 will also accrue future pension benefits the same as those employees hired after June 1, 2004. This benefit was modified for entrants hired or rehired on or after July 1, 2015 as described above.

Note 3. Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2015 and 2014, and net realized and unrealized appreciation or depreciation in fair value of investments, interest, and dividends for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee, BNY Mellon Trust Company of Illinois.

Fair Value Measurements of Investments

Disclosures concerning assets measured at fair value on a recurring basis at December 31, 2015 and 2014, which have been categorized under the fair value hierarchy by the Employer and BNY Mellon Trust Company of Illinois, the Plan's Trustee, are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)*	Significant Other Observable Inputs (Level 2)*	Balance at December 31, 2015
Investment assets:			
Collective short term investment funds	$ 8,667,258	$ —	$ 8,667,258
Common collective trusts	—	9,891,975	9,891,975
Corporate stocks - common and preferred	125,775,733	—	125,775,733
Corporate bonds	—	69,290,760	69,290,760
Government bonds	—	2,947,671	2,947,671
State and local obligations	—	522,458	522,458
Total assets at fair value	$ 134,442,991	$ 82,652,865	$ 217,095,856

	Quoted Prices in Active Markets for Identical Assets (Level 1)*	Significant Other Observable Inputs (Level 2)*	Balance at December 31, 2014
Investment assets:			
Collective short term investment funds	$ 9,141,135	$ —	$ 9,141,135
Common collective trusts	—	9,915,123	9,915,123
Corporate stocks - common and preferred	128,104,563	—	128,104,563
Mutual funds	8,282,666	—	8,282,666
Corporate bonds	—	73,611,555	73,611,555
Government bonds	—	1,158,900	1,158,900
State and local obligations	—	335,290	335,290
Total assets at fair value	$ 145,528,364	$ 85,020,869	$ 230,549,233

** See Note 2. "Summary of Significant Accounting Policies" for information regarding the valuation techniques used by the Plan.*

Note 4. Information Certified by the Trustee

The Plan administrator has elected the method of reporting permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, the Plan administrator has obtained a certification from the trustee that the following data included in the accompanying financial statements and schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for Plan benefits as of December 31, 2015 and 2014.
- Investment income, as shown in the statements of changes in net assets available for Plan benefits for the years ended December 31, 2015 and 2014.
- The schedule of assets (held at end of year) as of December 31, 2015, schedule of assets (acquired and disposed of within year) - year ended December 31, 2015, and schedule of reportable transactions for the year ended December 31, 2015.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and schedules.

Note 5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuary as of January 1, 2015. The present value of accumulated plan benefits results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

	January 1, 2015
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired employees receiving benefits	$ 68,974,908
Active and terminated employees not receiving benefits	178,637,354
Non-vested benefits	932,012
Total actuarial present value of accumulated plan benefits	$ 248,544,274

Note 5. Accumulated Plan Benefits (continued)

	Year Ended January 1, 2015
Actuarial present value of accumulated plan benefits at beginning of year	$ 225,021,941
Increase (decrease) during the year attributed to:	
Change in assumptions	12,947,021
Increase for interest due to the decrease in the discount period	10,714,605
Benefits accumulated (including actuarial gains and losses)	6,311,732
Benefits paid	(6,451,025)
Net Decrease	23,522,333
Total actuarial present value of accumulated plan benefits	$ 248,544,274

Some of the actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of January 1, 2015 and 2014, are as follows:

Rate of return on investments:	6.5%
Discount rate [(a)]:	4.15%/4.41% – 2015 and 4.83% – 2014
Retirement age:	Age 65 or immediately if participant is age 65 or over
Mortality	IRS 2015 and 2014 Static Mortality Table
Actuarial Cost Method	Projected Unit Credit Cost Method

(a) The 4.15% discount rate was used From January 1, 2015 to May 31, 2015. The 4.41% discount rate was used from June 1, 2015 to December 31, 2015.

Termination and mortality prior to retirement:

Attained Age	Termination	Mortality			
		Males		Females	
		Non-annuitant	Annuitant[(a)]	Non-annuitant	Annuitant[(a)]
20	15%	0.0194%	0.0194%	0.0118%	0.0118%
25	13%	0.0278%	0.0278%	0.0136%	0.0136%
30	10%	0.0382%	0.0382%	0.0195%	0.0195%
40	7%	0.0848%	0.0848%	0.0449%	0.0449%

(a) Annuitant: a participant who is receiving benefits under the Plan.

These actuarial assumptions are based on the presumption that the Plan will continue. Although the Employer has not expressed any intent to do so, were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 13, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Note 7. Personal Retirement Accounts

All non-union domestic employees hired after June 1, 2004 and before July 1, 2015, earn a benefit under a personal retirement account (hypothetical account balance). Each year, a participant's account receives a credit equal to 2.0% of the participant's salary (2.5% if the participant's years of service at August 1 of the plan year are 5 years or more). Active participants become fully vested in their hypothetical personal retirement account after 3 years of service. Interest earned on the credited amount is not credited to the personal retirement account but is contributed to the participant's account in the Anixter Inc. Employee Savings Plan. The interest contribution equals the interest earned on the personal retirement account balance as of January 1st in the Domestic Plan and is based on the 10 year Treasury Securities rate as of the last business day of the year preceding the prior year, multiplied by the value of the personal retirement account on January 1 of that prior year. The contribution is invested consistent with the participants' deferral elections in the Savings Plan.

Note 8. Risk 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Note 9. Subsequent Events

The Employer has evaluated these annual financial statements for disclosure of subsequent events through October 6, 2016, the date on which the financial statements were available to be issued, and has identified the following event:

The Employer made contributions to the 2015 Plan year during 2016 which amounted to $9,000,000.

Supplemental Schedules

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2015

Attained Age	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total	
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg Pay
<25	120	35,126	83	33,638	2																205	34,430
25-29	129	40,535	232	43,368	78	43,704	2														441	42,120
30-34	106	44,851	199	48,284	187	50,925	47	60,319													539	49,575
35-39	72	54,923	168	53,843	149	54,070	124	65,275	42	69,492	2										557	57,948
40-44	74	58,269	179	58,368	167	63,108	161	68,981	92	82,750	38	75,212									711	65,929
45-49	57	61,435	148	65,992	145	58,908	121	75,102	101	76,401	54	89,740	32	75,263	2						660	69,699
50-54	59	59,223	125	63,074	141	65,222	107	64,885	81	74,189	43	94,323	51	90,324	26	83,323	5				638	70,181
55-59	33	58,285	109	58,410	98	58,596	75	64,236	43	75,706	28	99,073	16		32	109,863	11				445	69,316
60-64	13		43	65,729	64	65,729	40	59,846	23	53,085	20	71,916	17		13		3		3		239	66,522
65-69	1		7		15		11		8		10		8		2		1		4		67	61,861
70&Up	1		2		4		2		5		1		1		1				1		18	
Total	665	48,419	1,295	52,995	1,050	57,374	690	66,687	395	74,722	196	85,735	125	85,705	76	95,149	20	104,313	8		4,520	60,661

Statement of Actuarial Assumptions

Valuation Date

January 1, 2015

Employees Included in Valuation

All participants as of January 1, 2015.

Funding Mortality (other than for determining the value of lump sum)

IRS 2015 Static Mortality Table

Termination

For termination after three years of employment, illustrative rates for termination are shown below:

Attained Age	Annual Rates of Termination
20 - 24	15%
25 - 29	13%
30 - 39	10%
40+	7%

The following table represents the percentage of employees who are assumed to terminate employment during the first three years of employment:

Completed Years of Service	Percentage of Employees Terminating Employment
0	20%
1	20%
2	20%

Retirement

Age	Rate
55 - 57	7%
58 - 61	10%
62 - 64	15%
65	30%
66 - 69	25%
70+	100%

Valuation Salary

Expected 2015 Base Salary provided by Anixter. If expected 2015 Base Salary was not available, actual 2014 Base Salary increased with salary scale was used. Actual salary and bonus (if applicable for participants hired before June 1, 2004) prior to 2014.

Marital Status

80% of participants are assumed to be married, with the female spouse two years younger than the male spouse.

Statement of Actuarial Assumptions (continued)

Annual Benefit for Terminated Vested Participants	For those terminated vested participants who had not had their final accrued benefit calculated, an estimated accrued benefit was used.
Social Security Wage Base Increase	N/A. The benefit formula that incorporated the Social Security wage base used to determine covered compensation was frozen effective as of December 31, 2013.
IRC Section 401(a)(17) Salary Cap Increases	$265,000 in 2015. This limit is assumed to remain constant in the future for funding purposes.
IRC Section 415(b) Maximum Benefit	$210,000 in 2015. This limit is assumed to remain constant in the future for funding purposes.
Lump Sum Election Rate	For pre 6/1/04 hires, 100% of participants with lump sums less than $10,000 of their December 31, 2013 frozen accrued benefits will elect an immediate lump sum. For post 6/1/04 hires and for benefit accruals after December 31, 2013 for pre 6/1/04 hires, 70% of participants are assumed to elect an immediate lump sum and 30% are assumed to defer and commence a lump sum at age 65. Terminated vested participants, are assumed to elect an immediate lump sum.
Form of Payment (for those not electing a lump sum)	Final Average Pay (FAP) active or terminated vested participants, 100% will elect to receive a single life annuity when they commence their benefit.
Salary Scale	Salaries increase at rates that vary by attained age, as illustrated below:

Attained Age	Salary Scale
<30	8.00%
30 to 34	5.75%
35 to 44	4.75%
45 to 49	4.25%
50 to 54	3.75%
55 to 59	3.50%
60+	3.00%

Valuation Interest Rate	January 2015 MAP-21 segment rates amended by HATFA (4.72%, 6.11%, 6.81%). January 2015 Pre MAP-21 segment rates (1.22%, 4.11%, 5.20%) for maximum tax deductible contribution purposes.
Lump Sum Determination	January 2015 segment rates and 2015 applicable Section 417(e) mortality table (2015 IRS Lump Sum Mortality Table).
Provision for Expense	Normal cost is increased by $1,300,000 to provide for administrative expenses.
Changes Since the Prior Valuation	The interest rate was updated from the January 2014 segment rates to the January 2015 MAP-21 segment rates amended by HATFA. The mortality was updated to the 2015 IRS Static Mortality Table. The lump sum mortality was updated to the IRS 2015 Lump Sum Mortality Table. The administrative expense load increased from $1,100,000 to $1,300,000.

Statement of Actuarial Methods

1. Actuarial Cost Method

   The actuarial cost method is the Unit Credit Actuarial Cost Method.

   Under this cost method, the actuarial accrued liability is defined as the present value of the accrued benefits on the valuation date. The unfunded actuarial accrued liability is the excess, if any, of the amount by which the accrued liability exceeds the actuarial value of plan assets.

   The normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year.

2. Asset Valuation Method

   Assets are valued at market value, including discounted contributions receivable.

Anixter Inc. Pension Plan
Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2015
EIN 36-2361285; Plan #010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – There were no single transaction in excess of 5% of plan assets						
Category (ii) – There were no series of transactions with the same person in excess of 5% of plan assets						
Category (iii) – Series of transactions in excess of 5% of plan assets						
	US Treasury Bond Due 02/15/2045 dated 02/15/2015	$ 5,461,863	$ —	$ —	$ 5,461,863	$ —
		—	5,607,080	5,461,863	—	145,217
	BNY Mellon Cash Reserve Due 12/31/2049 dated 06/26/1997	$ 11,027,815	$ —	$ —	$ 11,027,815	$ —
		—	11,027,815	11,027,815	—	—
Category (iv) – There were no transactions with the same person in excess of 5% of plan assets						

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2015 — This Form is Open to Public Inspection

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

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

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

A Name of plan	B Three-digit plan number (PN) ▶
ANIXTER INC. PENSION PLAN	010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)
ANIXTER INC.	36-2361285

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	2a	236,136,529
b Actuarial value	2b	236,136,529

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,056	58,754,948	58,754,948
b For terminated vested participants	2,091	34,352,653	34,352,653
c For active participants	4,520	86,187,631	86,879,689
d Total	7,667	179,295,232	179,987,290

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.39%
6 Target normal cost	6	4,150,848

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Cindy Fraterrigo — Signature of actuary

October 3, 2016 — Date

CINDY FRATERRIGO — Type or print name of actuary

1406229 — Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP — Firm name

312-298-4320 — Telephone number (including area code)

ONE NORTH WACKER

CHICAGO IL 60606 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,215,850
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.60%		410,246
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6,626,096
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	131.19%
15	Adjusted funding target attainment percentage	15	131.19%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	134.18%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2015	12,404,703	0			
01/15/2016	2,250,000	0			
04/14/2016	2,250,000	0			
07/15/2016	2,250,000	0			
09/14/2016	2,250,000	0			
			Totals ► 18(b)	21,404,703	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	20,073,430

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72%	6.11%	6.81%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	4,150,848
b Excess assets, if applicable, but not greater than line 31a	31b	4,150,848

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

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

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	20,073,430
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	20,073,430
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Discounted Employer Contributions

2015 Effective Interest Rate: 6.39%

Discounted contributions for 2015 plan year:

Date	Contribution	Applicable Plan Year	Discount Factor to 1/1/2015	Discounted Contribution
10/15/2015	12,404,703	2015	0.9525	11,815,480
1/15/2016	2,250,000	2015	0.9377	2,109,825
4/14/2016	2,250,000	2015	0.9235	2,077,875
7/15/2016	2,250,000	2015	0.9092	2,045,700
9/14/2016	2,250,000	2015	0.8998	2,024,550
Total:	21,404,703			20,073,430

Description of Weighted Average Retirement Age

Age	Retirement Rates	Lives Remaining	Retired	Weighted Age
55	7%	93.00	7.000	385.00
56	7%	86.49	6.510	364.56
57	7%	80.44	6.054	345.08
58	10%	72.39	8.044	466.55
59	10%	65.15	7.239	427.10
60	10%	58.64	6.515	390.90
61	10%	52.77	5.864	357.70
62	15%	44.86	7.916	490.79
63	15%	38.13	6.729	423.93
64	15%	32.41	5.719	366.02
65	30%	22.69	9.723	632.00
66	25%	17.02	5.672	374.35
67	25%	12.76	4.254	285.02
68	25%	9.57	3.190	216.92
69	25%	7.18	2.393	165.12
70	100%	0.00	7.178	502.46
		Total	100.00	6,193.49
		Average		**62**

Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

December 31, 2015
EIN 36-2361285; Plan #010

(a) Identity of Issuer	(b) Description of Investment	(c) Costs of acquisitions	(d) Proceeds of dispositions
Amorepacific Corp	Common Stock	$ 68,170	$ 71,076
Cathay Financial Holding Co LTD	Common Stock	61,269	52,136
Cathay Real Estate Development	Common Stock	37,995	26,083
China Overseas Property Holdin	Common Stock	5,806	2,988
China South City Holdings LTD	Common Stock	62,186	52,438
Citic LTD	Common Stock	80,997	76,323
Great Wall Motor Co LTD	Common Stock	225,302	100,216
GS Engineering & Construction	Common Stock	64,314	62,099
Hannstar Display Corp	Common Stock	42,124	26,512
Impala Platinum Holdings LTD	Common Stock	70,511	38,657
Itausa - Investimentos Itau SA	Common Stock	—	323
Korea Gas Corp	Common Stock	51,887	55,591
Largan Precision Co LTD	Common Stock	535,326	405,468
Mediclinic International LTD	Common Stock	—	4,979
Novatek Microelectronics Corp	Common Stock	108,101	106,771
Ulker Biskuvi Sanayi	Common Stock	45,544	35,926
United Microelectronics Corp	Common Stock	91,950	93,470
Yuanta Financial Holding Co LTD	Common Stock	87,275	66,080
21St Century Fox America	Corporate Bonds 4.950% 10/15/2045 DD 10/21/15	49,684	51,763
Akbank TAS	Corporate Bonds 5.125% 03/31/2025 DD 03/31/15	198,074	194,000
Amgen Inc	Corporate Bonds 4.400% 05/01/2045 DD 05/01/15	392,654	375,935
Australia & New Zealand Banking	Corporate Bonds 3.700% 11/16/2025 DD 11/16/15	254,051	259,725
Bat International Finance	Corporate Bonds 3.950% 06/15/2025 DD 06/15/15	363,894	365,758
Bharti Airtel LTD	Corporate Bonds 4.375% 06/10/2025 DD 06/10/15	203,573	201,650
Brambles USA Inc	Corporate Bonds 4.125% 10/23/2025 DD 10/23/15	39,903	39,857
Burlington Northern Santa Fe	Corporate Bonds 4.700% 09/01/2045 DD 08/20/15	218,735	220,040
CCO Safari II LLC	Corporate Bonds 6.484% 10/23/2045 DD 07/23/15	105,000	108,003
Celgene Corp	Corporate Bonds 5.000% 08/15/2045 DD 08/12/15	179,444	180,563
Colombia Government International	Corporate Bonds 5.000% 06/15/2045 DD 01/28/15	387,527	404,430
Comcast Corp	Corporate Bonds 4.600% 08/15/2045 DD 05/27/15	374,719	378,300
Corp Nacional Del Cobre	Corporate Bonds 4.500% 09/16/2025 DD 09/16/15	201,839	197,210
Credit Suisse Group Funding	Corporate Bonds 4.875% 05/15/2045 DD 05/21/15	284,068	277,809
Erac USA Finance LLC	Corporate Bonds 4.500% 02/15/2045 DD 02/18/15	88,963	82,812
Exelon Corp	Corporate Bonds 5.100% 06/15/2045 DD 06/11/15	239,194	239,078
Flextronics International	Corporate Bonds 4.750% 06/15/2025 DD 06/08/15	59,528	57,500
Gilead Sciences Inc	Corporate Bonds 4.750% 03/01/2046 DD 09/14/15	169,298	172,172
Hewlett Packard Enterprise	Corporate Bonds 6.200% 10/15/2035 DD 10/09/15	94,945	92,545
Imperial Tobacco Finance	Corporate Bonds 4.250% 07/21/2025 DD 07/21/15	460,064	471,186
Intel Corp	Corporate Bonds 4.900% 07/29/2045 DD 07/29/15	49,961	51,311
Kraft Heinz Foods Co	Corporate Bonds 5.000% 07/15/2035 DD 07/02/15	267,432	272,940
Kraft Heinz Foods Co	Corporate Bonds 5.200% 07/15/2045 DD 07/02/15	154,389	158,128

Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

December 31, 2015
EIN 36-2361285; Plan #010

(a) Identity of Issuer	(b) Description of Investment	(c) Costs of acquisitions	(d) Proceeds of dispositions
Mcgraw Hill Financial Inc	Corporate Bonds 4.400% 02/15/2026 DD 08/18/15	104,634	104,372
Mexico Government International	Corporate Bonds 4.600% 01/23/2046 DD 01/23/15	389,938	361,725
Microsoft Corp	Corporate Bonds 4.000% 02/12/2055 DD 02/12/15	467,448	423,883
Microsoft Corp	Corporate Bonds 4.750% 11/03/2055 DD 11/03/15	204,235	202,520
Molex Electronics Tech	Corporate Bonds 3.900% 04/15/2025 DD 04/07/15	49,922	50,563
Peruvian Government International	Corporate Bonds 4.125% 08/25/2027 DD 08/25/15	129,696	130,228
Petroleos Mexicanos	Corporate Bonds 5.625% 01/23/2046 DD 01/23/15	277,967	283,150
Qualcomm Inc	Corporate Bonds 4.650% 05/20/2035 DD 05/20/15	343,489	339,108
Roche Holdings Inc	Corporate Bonds 3.000% 11/10/2025 DD 11/10/15	253,103	253,042
Siemens Financieringsmaat	Corporate Bonds 4.400% 05/27/2045 DD 05/27/15	377,180	375,995
Sinopec Grp Oversea 2015	Corporate Bonds 3.250% 04/28/2025 DD 04/28/15	272,311	266,500
Standard Chartered PLC	Corporate Bonds 3.200% 04/17/2025 DD 04/17/15	761,579	746,842
Turkey Government International	Corporate Bonds 4.250% 04/14/2026 DD 04/14/15	197,338	194,600
Verizon Communications	Corporate Bonds 4.522% 09/15/2048 DD 03/13/15	893	893
Verizon Communications	Corporate Bonds 4.522% 09/15/2048 DD 03/13/15	167,867	168,694
Verizon Communications	Corporate Bonds 4.672% 03/15/2055 DD 03/13/15	325	354
US 10Yr Treas NTS Future (Cbt)	Other	—	(4,188)
US 10Yr Treas NTS Future (Cbt)	Other	—	125
US 10Yr Treas NTS Future (Cbt)	Other	—	(1,688)
US Treas Bd Future (Cbt)	Other	—	(39,000)
US Treas Bd Future (Cbt)	Other	—	(6,063)
US Ultra Bond (Cbt)	Other	—	40,430
US Ultra Bond (Cbt)	Other	—	31,289
US Ultra Bond (Cbt)	Other	—	24,028

Name of Plan	Anixter Inc. Pension Plan.
Effective Date	Originally effective August 1, 1973. Most recently amended and restated effective January 1, 2014. The restatement reflects the plan amendments during 2012 and 2013 that resulted in a freeze to the benefit formula as of December 31, 2013 for employees hired prior to June 1, 2004 and to provide supplemental benefits for certain employees. All participants will now participate in benefit formula for participants hired after May 31, 2004. The plan was amended to freeze participation in the Plan effective June 30, 2015 and to allow for immediate vesting for all participants impacted by the sale of the Fasteners business.
Plan Year	January 1 to December 31.
Eligibility for Participation	Each employee who was a participant in the plan prior to December 31, 1988 shall remain a participant. Each employee hired or rehired on or after January 1, 1989 shall become a participant on the day in which one hour of service is completed.
Continuous Service	For plan years beginning before January 1, 2006, each year of continuous service shall be a plan year in which the employee has at least 1,000 hours of service. For plan years in which an employee is hired or terminated, one month of continuous service will be counted for each 83-1/3 hours of service to a maximum of 1,000 hours of service for that plan year. Effective January 1, 2006, years of Continuous Service for Vesting purposes shall equal the aggregate of (i) the Employee's years of Continuous Service as of July 31, 2005 determined under 1) above, (ii) for the period beginning August 1, 2005 and ending July 31, 2006, the greater of (A) Continuous Service for such period determined as described under (1) above (i.e., based on the hours of service method) and (B) the number of days elapsed during such period divided by 365.25 (i.e. based on the elapsed time method) and (iii) for the period beginning August 1, 2006, the number of days elapsed prior to the Employee's Severance Date (as defined in Plan Section 1.08(f)) divided by 365.25. For purposes of vesting service, continuous service includes all periods of uninterrupted employment with the employer or related employer. For purposes of benefit accrual, only periods of employment with the employer are considered. Special provisions exist for employees of the following acquired companies: Employees of Ohm Electrical Supply Corporation; Automated Equipment Development; RotelCom, Inc.; Colonial Wire and Cable; Delphi Electronics; Telewire Supply Corporation; Cable TV Industries; American Cable and Electronic Connector Corporation who became participants in the plan as of the acquisition date of the respective company shall have service credited as follows: For each year of continuous service earned by the employee after the acquisition date, he shall be credited with an additional two years of continuous service attributable to his period of employment by the acquired company before the acquisition date. The years of continuous service credited under the preceding sentence shall not exceed his total years of employment by the acquired company. Each hourly Anixter Mark employee who is in the employ of the employer on August 1, 1981 is credited with continuous service from his date of employment with Anixter Inc. For purposes of benefit accrual, IAM employees are credited with continuous service from no earlier than August 1, 1973.

Salary	For employees hired before June 1, 2004, remuneration paid during a plan year, including overtime and 100% of all bonuses, and excluding commissions and other extraordinary payments for the benefit formula in effect December 31, 2013. For the benefit formula in effect as of January 1, 2014 for these participants salary includes regular pay and overtime but excludes all bonuses. For employees hired or rehired after May 31, 2004, salary includes regular pay and overtime but excludes all bonuses.
Final Average Salary	The average of salary in the 60 consecutive months chosen from the 120-month period prior to the month of termination of employment for any reason. If the participant has completed fewer than 60 calendar months of employment, the average shall be based upon all calendar months of service prior to the month of termination. Final Average Salary is frozen as of December 31, 2013 or the date of termination (if earlier).
Covered Compensation	For each participant, the 35-year average of Social Security wage bases ending in the year of the participant's Social Security normal retirement age. Covered compensation is frozen as of December 31, 2013 or the date of termination (if earlier).
Eligibility for Benefits:	
Normal	The first of the month coincident with or next following the attainment of age 65.
Deferred	The first day of any month after the participant's normal retirement date.
Early	For employees hired before June 1, 2004 and for the frozen benefits accrued as of December 31, 2013, the first day of the month coincident with or next following the attainment of age 55 and 5 years of continuous service, provided that the plan administrator has received a request for early retirement. For employees hired after May 31, 2004 and for benefits accrued post December 31, 2013 for employees hired before June 1, 2004, the first day of the month following completion of 3 years of continuous service, provided that the plan administrator has received a request for early retirement.
Vested Termination	Five years of continuous service or age 65. For participants entitled to a benefit under Plan Section 7.01(a)(1)(B), 7.01(c)(1), or 7.01(c)(2)(B) three years of continuous service or age 65 for terminations after January 1, 2011. Age 55 if hired before January 1, 1995.

Retirement and Termination Benefits:

Normal Retirement (Participants hired before 6/1/2004; frozen as of 12/31/2013)	An annual benefit equal to the product of (A) and (B) plus (C): A. 0.65% of the participant's final average salary up to covered compensation, plus 1.3% of his final average salary in excess of covered compensation. B. The participant's continuous service not exceeding 30 years; but not less than December 31, 1988 accrued benefit under the prior plan. C. Benefit specified in Supplement 3. For former Itel Corporation participants their benefit will be the sum of their December 31, 1993 accrued benefit under the Itel Plan and the Anixter formula above for service on or after January 1, 1994.
Normal Retirement (Participants hired on or after 6/1/2004; Benefit accruals earned after 1/1/2014 for participants hired prior to 6/1/2004	An annual benefit equal to the sum of (A) and (B): A. 0.15% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year is fewer than five; B. 0.20% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year five or greater; but not less than the actuarial equivalent annual benefit provided by a single sum notional account (Personal Retirement Account Benefit) equal to (A) plus (B) below: A. 2.0% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year is fewer than five; B. 2.5% of salary for each Plan Year in which his years of continuous service as of August 1 of the Plan Year five or greater. but not less than $20 per month at age 65.
Deferred Retirement	The benefit calculated using the normal retirement benefit formula. Members who are age 65 before April 1, 1988 will receive the greater of this benefit and the actuarial equivalent of the benefit they would have received at the normal retirement date, determined as of the earlier of April 1, 1988 or date of retirement.
Early Retirement	The benefit calculated using the normal retirement benefit formula; if payments begin prior to the participant's normal retirement date, then the benefit will be actuarially reduced. The minimum single sum benefit for participants hired after May 31, 2004 is not reduced for early commencement.

Early Retirement (continued from previous page)	For participants who were covered under the Itel Plan as of December 31, 1993, their benefits shall be determined using: (1) The Itel Plan's factors for the accrued benefit as of December 31, 1993, and (2) The actuarially reduced benefit that accrued on or after January 1, 1994.
Vested Termination	The benefit calculated using the normal retirement benefit formula and the continuous service and final average salary at the date of termination.
Survivor's Benefit Prior to Early Retirement Eligibility	If a married participant dies prior to his early retirement date after he is vested but before benefit payments have begun, his spouse is eligible for a monthly life annuity. The benefit payable to the surviving spouse will be the same benefit that would have been payable if the participant had: A. Terminated on his date of death; B. Survived to his early retirement date; C. Begun receiving benefits in the form of a qualified joint and survivor annuity on his early retirement date; and D. Died on the day after his early retirement date, but based only on the benefit accrued by the participant to his date of termination. The benefit payable to the survivor of a participant hired after May 31, 2004 will not be less in value than the actuarial equivalent of the PRA notional account balance.
Survivor's Benefit After Early Retirement Eligibility	If a participant dies after becoming eligible for early Retirement Eligibility retirement either while employed or after termination of employment but before benefit payments have begun, his beneficiary is eligible for a monthly life annuity. The amount of benefit would be the same payable as if the participant had retired and begun receiving benefits in the form of a qualified joint and 50% contingent annuity on the day before his death. The benefit payable to the survivor of a participant hired after May 31, 2004 will not be less in value than the actuarial equivalent of the PRA notional account balance.

Normal Form of Benefit Payment

Married Members	The normal form of payment is a Joint and 50% survivor annuity. Optional forms for employees hired before June 1, 2004 are a life annuity, joint and 75% or 100% survivor annuity, joint and 50% or 75% or 100% contingent annuity, and ten-year certain and life annuity; all are actuarially equivalent to a life annuity. If the value of the benefit is less than $10,000 a single sum is also available. For employees hired after May 31, 2004, the normal form is a Joint and 50% contingent annuity and the only optional form of payment is a single sum, which is available regardless of benefit value.
Other Members	The normal form of payment is a life annuity. Optional forms for employees hired before June 1, 2004 are a joint and 50%, 75% or 100% contingent annuity with a named beneficiary, and ten-year certain and life annuity; all are actuarially equivalent to a life annuity. If the value of the benefit is less than $10,000 a single sum is also available. For employees hired after May 31, 2004, the normal form is a life annuity and the only optional form of payment is a single sum, which is available regardless of benefit value.
Changes Since the Prior Valuation	The plan was amended to freeze participation in the Plan effective June 30, 2015 and to allow for immediate vesting for all participants impacted by the sale of the Fasteners business. The impact of the immediate vesting is reflected for ASC 715 accounting purposes but was not reflected in the January 1, 2015 funding or ASC 960 results as the amendment was adopted during the Plan Year.

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
BNY Mellon Trust Company of Illinois*			
Cash equivalents:			
Collective Short Term Investment Fund	8,467,118 $	8,467,118 $	8,467,118
Cash In Account		200,141	200,141
Total cash equivalents		8,667,258	8,667,258
Common collective trust:			
Columbia Management High Yield	771,605	10,000,000	9,891,975
Total common collective trusts		10,000,000	9,891,975
Common stocks:			
Apple Inc	24,454	2,702,953	2,574,028
Microsoft Corp	40,422	1,876,451	2,242,613
Verizon Communications Inc	48,045	2,090,438	2,220,640
Alphabet Inc	2,797	1,785,521	2,176,094
Coca-Cola Co	49,948	2,053,864	2,145,766
Dollar Tree Inc	22,781	1,507,352	1,759,149
Express Scripts Holding Co	19,686	1,593,779	1,720,753
West Pharmaceutical Services	28,570	1,531,216	1,720,485
Laboratory Corp Of America	13,176	1,431,367	1,629,081
Autozone Inc	2,056	1,488,194	1,525,367
Mcdonald's Corp	12,320	1,384,856	1,455,485
Costco Wholesale Corp	8,712	1,296,741	1,406,988
EMC Corp/Ma	54,680	1,326,001	1,404,182
Johnson & Johnson	13,563	1,279,727	1,393,191
Oracle Corp	36,988	1,336,007	1,351,172
AO Smith Corp	17,210	978,505	1,318,458
CVS Health Corp	13,178	1,270,274	1,288,413
General Mills Inc	22,282	1,252,744	1,284,780
Texas Roadhouse Inc	35,565	1,205,261	1,272,160
Comcast Corp	22,363	1,293,162	1,261,944
Verisk Analytics Inc	15,882	1,179,074	1,221,008
Sirona Dental Systems Inc	10,732	997,817	1,175,905
Ulta Salon Cosmetics & Fragrance	6,080	785,190	1,124,800
Home Depot Inc	8,415	971,848	1,112,884
TJX Companies Inc	15,626	1,116,443	1,108,040

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
LKQ Corp	37,220	1,046,626	1,102,829
Mccormick & Co Inc/Md	12,884	1,063,797	1,102,355
Unitedhealth Group Inc	9,262	1,083,548	1,089,582
Mckesson Corp	5,491	1,022,673	1,082,990
Imax Corp	29,955	944,984	1,064,601
Ecolab Inc	8,993	991,440	1,028,619
Kroger Co	24,579	914,637	1,028,140
Treehouse Foods Inc	13,075	1,117,969	1,025,865
Medivation Inc	21,175	1,087,586	1,023,600
Ligand Pharmaceuticals Inc	9,440	502,302	1,023,485
Methode Electronics Inc	31,865	1,109,587	1,014,263
Expeditors International Of Washington	22,389	1,056,597	1,009,744
Globus Medical Inc	36,030	879,035	1,002,355
Danaher Corp	10,683	916,941	992,237
Michaels Companies Inc	44,755	1,184,450	989,533
Acxiom Corp	47,215	951,779	987,738
Akorn Inc	26,071	860,269	972,709
Service Corp International	36,520	838,589	950,250
Ultimate Software Group Inc	4,805	710,756	939,426
Middleby Corp	8,600	854,211	927,682
Cooper Companies Inc	6,890	1,127,926	924,638
Polyone Corp	28,155	1,066,281	894,203
Ashland Inc	8,640	1,039,214	887,328
IHS Inc	7,480	851,822	885,856
Electronics For Imaging Inc	18,940	811,200	885,256
Stericycle Inc	7,286	996,216	878,692
Carlisle Companies Inc	9,845	899,475	873,153
Align Technology Inc	12,640	693,166	832,344
WR Grace & Co	8,335	796,734	830,083
Marsh & Mclennan Companies Inc	14,825	781,832	822,046
Honeywell International Inc	7,840	746,521	811,989
Comscore Inc	19,650	1,073,187	808,598
Verifone Systems Inc	28,770	1,065,492	806,135
Citrix Systems Inc	10,520	764,510	795,838
Wolverine World Wide Inc	47,240	1,416,997	789,380
G-Iii Apparel Group Ltd	17,695	984,374	783,181
Performance Food Group Co	33,775	713,751	781,554

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
MSC Industrial Direct Co Inc	13,820	1,122,875	777,651
Teradyne Inc	37,250	735,501	769,958
Urban Outfitters Inc	33,530	1,177,909	762,808
Mastercard Inc	7,797	718,862	759,116
Advisory Board Co	15,085	744,562	748,367
Abbott Laboratories	16,633	688,256	746,988
Hanesbrands Inc	24,900	694,835	732,807
Core Laboratories Nv	6,735	773,399	732,364
Affiliated Managers Group Inc	4,550	965,692	726,908
Walt Disney Co	6,873	722,808	722,215
PDC Energy Inc	13,390	559,449	714,758
Trex Co Inc	18,135	772,188	689,855
Stericycle Inc	5,710	748,467	688,626
F5 Networks Inc	7,060	916,257	684,538
Tractor Supply Co	7,990	629,772	683,145
Resmed Inc	12,595	706,076	676,226
Wageworks Inc	14,740	867,093	668,754
Icon Plc	8,460	442,057	657,342
Acuity Brands Inc	2,810	398,586	656,978
Jazz Pharmaceuticals Plc	4,645	694,932	652,901
Ryder System Inc	11,455	1,065,010	650,988
DSW Inc	27,225	1,015,493	649,589
Cboe Holdings Inc	9,968	669,990	646,923
Belden Inc	13,325	1,059,496	635,336
Live Nation Entertainment Inc	25,735	670,715	632,309
Jarden Corp	10,942	523,903	625,007
Gentherm Inc	13,115	480,271	621,651
Financial Engines Inc	18,385	666,139	619,023
Berkshire Hathaway Inc	4,680	625,371	617,947
Taiwan Semiconductor Manufactu Adr	26,900	610,807	611,975
International Business Machine	4,331	627,865	596,032
Schlumberger Ltd	8,462	583,624	590,225
Shutterfly Inc	13,205	527,165	588,415
Zebra Technologies Corp	8,350	751,275	581,578
Encore Capital Group Inc	19,840	727,146	576,947
Amn Healthcare Services Inc	18,065	598,385	560,918
Bankrate Inc	41,735	516,136	555,076

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
3M Co	3,656	523,301	550,740
China Mobile Ltd	47,500	565,595	536,280
Watsco Inc	4,465	481,696	522,985
Mattress Firm Holding Corp	11,450	524,312	511,014
American Express Co	6,977	517,205	485,250
Genpact Ltd	19,300	488,084	482,114
Bottomline Technologies De Inc	16,010	454,135	475,977
Netease Inc Adr	2,500	363,286	453,100
Quanta Services Inc	22,025	625,365	446,006
Carmax Inc	8,195	545,623	442,284
Bright Horizons Family Solutio	6,500	387,665	434,200
Abbvie Inc	7,148	388,923	423,448
China Construction Bank Corp	608,000	486,873	416,570
Syntel Inc	9,105	409,543	412,001
Naspers Ltd	2,976	468,044	407,158
Verisign Inc	4,636	327,116	405,001
United Rentals Inc	5,465	553,972	396,431
United Natural Foods Inc	9,995	772,534	393,403
Matador Resources Co	19,710	399,954	389,667
Luminex Corp	18,195	341,338	389,191
Cabot Oil & Gas Corp	21,815	417,101	385,907
Samsung Electronics Co Ltd	354	343,545	380,402
Pegatron Corp	165,000	463,072	361,677
AT&T Inc	10,081	328,439	346,887
Superior Energy Services Inc	25,450	516,323	342,812
Tata Motors Ltd Adr	11,400	481,992	335,958
Dongfeng Motor Group Co Ltd	248,000	351,140	331,514
Bank Of China Ltd	737,000	415,313	329,028
Turk Hava Yollari Ao	129,212	426,140	327,141
Hon Hai Precision Industry Co	128,800	359,635	316,834
Infosys Ltd Adr	18,900	321,869	316,575
Fedex Corp	2,119	307,000	315,710
Kia Motors Corp	6,981	311,722	313,164
Gulfport Energy Corp	12,730	517,386	312,776
Wintrust Financial Corp	6,400	345,391	310,528
Korea Electric Power Corp	7,244	294,602	308,899
Flir Systems Inc	10,910	356,999	306,244

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Acadia Healthcare Co Inc	4,885	302,402	305,117
JBS Sa	96,900	408,276	302,487
Hub Group Inc	8,955	354,136	295,067
Industrial & Commercial Bank	454,000	331,359	274,152
Diodes Inc	11,560	318,709	265,649
Texas Capital Bancshares Inc	5,335	289,851	263,656
Sasol Ltd	9,711	359,155	262,837
Gruma Sab De Cv	18,500	211,605	258,951
LG Household & Health Care Ltd	265	187,057	237,303
Picc Property & Casualty Co Ltd	110,000	265,109	218,860
America Movil Sab De Cv Adr	15,400	327,102	216,524
Fibria Celulose Sa	16,000	225,225	209,855
Adeptus Health Inc	3,830	331,727	208,812
Chunghwa Telecom Co Ltd	67,000	204,650	202,140
China Life Insurance Co Ltd	61,000	255,104	197,164
Hyundai Motor Co	1,538	212,852	195,439
Nan Ya Plastics Corp	105,000	246,438	194,995
Credicorp Ltd	2,000	265,662	194,640
LG Uplus Corp	21,898	218,983	194,226
Sinopharm Group Co Ltd	47,600	172,783	191,011
Netcare Ltd	86,994	291,131	190,320
Suzano Papel E Celulose Sa	40,000	183,955	188,967
Flowserve Corp	4,225	252,782	177,788
HDFC Bank Ltd Adr	2,800	142,100	172,480
Rackspace Hosting Inc	6,730	372,911	170,404
Embraer Sa Adr	5,700	172,497	168,378
Catcher Technology Co Ltd	20,000	227,679	168,052
Atmel Corp	18,900	158,637	162,729
Ambev Sa	34,400	212,124	155,208
Mobile Telesystems Pjsc Adr	24,500	222,900	151,410
KB Financial Group Inc	5,249	156,473	148,398
Fomento Economico Mexicano Sab Adr	1,600	144,633	147,760
China Overseas Land & Investment	40,000	153,574	140,384
Alibaba Group Holding Ltd	1,700	134,228	138,159
Uni-President Enterprises Corp Twd10	79,040	135,128	132,106
Tencent Holdings Ltd	6,500	115,881	127,901
Kwg Property Holding Ltd	170,500	116,747	126,498

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Gazprom Pao Adr	33,502	148,806	124,852
Bonanza Creek Energy Inc	23,460	562,763	123,634
Sappi Ltd	28,544	104,122	120,214
Turkiye Is Bankasi	75,952	162,728	119,698
Lotte Chemical Corp	541	126,710	112,348
BRF Sa Adr	8,100	176,080	111,942
Atwood Oceanics Inc	10,805	306,538	110,535
Hyosung Corp	1,075	106,840	107,725
Daelim Industrial Co Ltd	1,866	112,790	106,783
Enersis Americas Sa Adr	8,700	139,461	105,705
Highwealth Construction Corp	91,000	168,324	104,999
KT&G Corp	1,141	119,790	101,688
Firstrand Ltd	34,701	151,687	94,884
Hana Financial Group Inc	4,565	109,057	91,880
China Unicom Hong Kong Ltd Adr	7,600	102,220	91,656
Woolworths Holdings Ltd/South	13,537	103,518	87,492
Standard Bank Group Ltd	11,853	148,163	86,820
Datang International Power	282,000	151,639	85,872
Shimao Property Holdings Ltd	47,500	106,211	84,456
Tenaga Nasional Bhd	27,200	107,353	84,384
Hyundai Mobis Co Ltd	401	70,988	84,300
China Petroleum & Chemical Cor Adr	1,400	113,414	83,972
Lukoil Pjsc Adr	2,588	93,866	83,334
Icici Bank Ltd Adr	10,500	121,275	82,215
Industrial Bank Of Korea	7,769	89,444	81,828
Kingboard Chemical Holdings Ltd	51,000	86,153	81,467
Pharmaengine Inc	11,000	72,880	80,540
State Bank Of India Gdr	2,372	117,058	80,055
SK Hynix Inc	2,989	88,570	78,386
Banco Bradesco Sa Adr	16,200	178,875	77,922
BB Seguridade Participacoes Sa	12,600	139,636	77,487
Foxconn Technology Co Ltd	36,560	124,734	77,468
Flexium Interconnect Inc	32,285	116,998	77,353
Southwestern Energy Co	10,870	253,894	77,286
IHH Healthcare Bhd	50,100	69,064	76,781
China Everbright Bank Co Ltd	157,000	86,997	76,371
Hyundai Development Co-Enginee	2,288	120,465	75,711

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Gazprom Pao	20,110	104,761	74,256
Grupo Televisa Sab Adr	2,700	107,440	73,467
China Eastern Airlines Corp	128,000	61,402	72,835
Barclays Africa Group Ltd	7,792	100,703	72,155
China Life Insurance Co Ltd	93,500	86,882	71,875
New Oriental Education & Techn Adr	2,200	57,225	69,014
Sanlam Ltd	17,420	108,477	68,059
Wipro Ltd Adr	5,800	65,656	66,932
Grupo Mexico Sab De Cv	31,000	90,057	66,034
Tupras Turkiye Petrol Rafineri	2,752	73,531	65,621
Sk Holdings Co Ltd	316	68,287	64,814
Sinopec Shanghai Petrochemical Co	160,000	65,497	63,792
Itau Unibanco Holding Sa Adr	9,470	120,717	61,650
CJ Cheiljedang Corp	188	61,803	60,526
Shanghai Pharmaceuticals Holdi Holding Co Ltd	27,900	62,961	60,407
KHGM Polska Miedz Sa	3,713	117,542	59,696
Grupo Financiero Banorte Sab D	10,600	52,140	58,299
Misc BHD	26,500	57,009	57,833
TPK Holding Co Ltd	23,000	141,508	57,768
China Cinda Asset Management	148,000	59,490	54,807
Grupo Lala Sab De Cv	21,900	42,241	50,809
Sihuan Pharmaceutical Holdings	87,000	58,226	49,505
Sinotrans Ltd	89,000	59,334	47,887
Tianneng Power International	54,000	38,187	45,498
China High Speed Transmission Equipment Group Co Ltd	56,000	56,494	45,088
China Communications Construct 'H'Cny1	43,000	51,734	43,942
Bank Central Asia Tbk Pt	44,900	43,423	43,321
Compal Electronics Inc	76,000	57,972	42,805
Eclat Textile Co Ltd	3,000	47,321	41,419
Bangkok Expressway Pcl	33,355	40,046	41,248
Banco Do Brasil Sa	10,900	47,474	40,611
Bim Birlesik Magazalar As	2,287	47,176	40,234
Ptt Global Chemical Pcl	27,700	57,317	38,488
Haitong Securities Co Ltd	21,600	39,982	38,182
Genting Malaysia Bhd	37,000	43,069	37,745
Taishin Financial Holding Co	103,000	43,051	35,748
China Merchants Bank Co Ltd	15,000	37,641	35,419

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
E Ink Holdings Inc	74,000	38,595	35,257
Hankook Tire Co Ltd	869	35,335	34,870
Bancolombia Sa Adr	1,300	48,076	34,775
Primax Electronics Ltd	27,000	36,122	34,400
Ohl Mexico Sab De Cv	31,200	57,892	32,589
Huadian Power International Co	46,000	40,336	29,974
Adaro Energy TBK Pt	573,700	48,175	21,433
Total common stock		130,300,845	125,775,733
Corporate bonds:			
Verizon Communications Inc	2,447,000	2,327,513	2,124,485
GE Capital International	1,410,000	1,384,699	1,438,877
Comcast Corp	1,290,000	1,428,093	1,339,936
Wal-Mart Stores Inc	1,135,000	1,313,694	1,216,947
Jpmorgan Chase & Co	890,000	1,077,532	1,027,300
Berkshire Hathaway Energy Co	725,000	948,873	882,347
United Technologies Corp	865,000	941,803	871,090
Amgen Inc	720,000	816,061	764,935
Bank Of America Corp	535,000	755,581	725,877
Pacific Gas & Electric Co	635,000	750,595	717,334
Goldman Sachs Group Inc	585,000	739,522	697,788
International Business Machine	745,000	741,841	696,866
Citigroup Inc	605,000	760,993	694,189
AT&T Inc	685,000	744,140	676,588
AT&T Inc	725,000	738,746	664,202
Unitedhealth Group Inc	695,000	690,837	646,878
Puget Sound Energy Inc	485,000	627,348	582,441
Burlington Northern Santa Fe	535,000	601,522	549,001
American International Group	470,000	609,073	542,784
Prudential Financial Inc	520,000	585,707	541,892
General Electric Co	440,000	556,758	538,366
Home Depot Inc	460,000	565,266	536,033
Anthem Inc	530,000	595,588	532,088
Wells Fargo & Co	515,000	537,624	530,630
Alabama Power Co	570,000	562,120	523,220
Boeing Co	390,000	548,204	518,146
Lowe's Companies Inc	485,000	539,432	513,009

Anixter Inc. Pension Plan

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Duke Energy Indiana LLC	400,000	565,648	512,508
Southern California Edison Co	420,000	531,451	495,352
Philip Morris International In	380,000	485,853	479,294
Chubb Ina Holdings Inc	455,000	477,887	445,199
Progressive Corp	345,000	455,348	423,405
Amazon.com Inc	375,000	387,379	399,353
Santander Issuances Sau	400,000	400,000	393,940
Fomento Economico Mexicano Sab	436,000	407,425	385,241
Cooperatieve Rabobank Ua	335,000	400,663	382,017
Morgan Stanley	390,000	387,075	372,103
City Of Hope	330,000	380,619	371,085
Pepsico Inc	370,000	364,036	368,516
Intercontinental Exchange Inc	355,000	373,680	365,625
Pfizer Inc	360,000	391,583	365,598
Southern California Edison Co	345,000	390,719	364,192
Ford Motor Co	315,000	379,020	363,702
Deere & Co	380,000	384,081	363,280
Nike Inc	375,000	371,513	361,875
Archer-Daniels-Midland Co	375,000	376,275	360,083
Consolidated Edison Co Of New York	360,000	389,329	359,705
Conocophillips	350,000	431,687	358,103
Morgan Stanley	305,000	367,708	357,082
Shell International Finance Bv	330,000	401,844	356,601
Gilead Sciences Inc	355,000	393,784	356,399
PPG Industries Inc	320,000	386,618	356,291
Dignity Health	345,000	375,804	353,929
Glaxosmithkline Capital Inc	275,000	366,160	351,178
San Diego Gas & Electric Co	335,000	372,838	350,387
BP Capital Markets Plc	325,000	351,640	347,841
Travelers Companies Inc	275,000	365,316	347,727
Microsoft Corp	305,000	362,981	344,845
Caterpillar Inc	385,000	378,355	344,602
Duke Energy Progress LLC	270,000	373,772	344,183
Barclays Plc	340,000	339,184	342,479
Metlife Inc	295,000	367,626	340,955
Georgia-Pacific LLC	270,000	354,586	340,073
Oracle Corp	305,000	365,881	339,297

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

December 31, 2015

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Burlington Northern Santa Fe	335,000	359,559	323,396
Pepsico Inc	325,000	339,186	322,465
Metlife Inc	335,000	335,509	317,932
BG Energy Capital Plc	325,000	356,642	315,991
Goldman Sachs Group Inc	285,000	321,668	315,102
NYU Hospitals Center	315,000	328,424	314,442
Transcanada Pipelines Ltd	340,000	356,221	312,691
Citigroup Inc	285,000	311,437	305,255
Vale Overseas Ltd	435,000	458,573	304,082
General Motors Co	320,000	333,469	298,630
Directv Holdings LLC / Directv	320,000	311,518	298,349
Verizon Communications Inc	330,000	300,343	297,924
HSBC Bank Usa NA	250,000	312,315	289,690
Goldcorp Inc	360,000	361,534	289,418
Cisco Systems Inc	245,000	298,552	287,321
Verizon Communications Inc	310,000	308,134	286,015
Time Warner Cable Inc	280,000	366,038	281,008
Berkshire Hathaway Finance Cor	240,000	307,121	280,097
Intel Corp	290,000	298,877	279,554
Rio Tinto Finance USA	325,000	315,504	278,818
Jefferies Group LLC	300,000	306,024	277,395
Reliance Holding USA	250,000	290,823	272,715
Mcdonald's Corp	265,000	265,000	266,614
Jpmorgan Chase & Co	260,000	259,103	259,379
Ford Motor Co	275,000	265,672	259,223
Canadian National Railway Co	240,000	264,986	255,394
Oncor Electric Delivery Co LLC	245,000	304,065	254,989
BNP Paribas Sa	255,000	259,970	254,671
Citigroup Inc	255,000	253,827	253,312
Cisco Systems Inc	205,000	258,027	250,053
Public Service Electric & Gas	270,000	264,203	249,221
Avon Products Inc	345,000	284,625	248,400
Honeywell International Inc	205,000	263,991	247,400
Walt Disney Co	180,000	260,473	246,758
Hutchison Whampoa International	230,000	249,191	246,643
Waste Management Inc	265,000	264,454	246,458
Wells Fargo & Co	265,000	247,075	244,357

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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Energy Transfer Partners Lp	300,000	344,835	243,990
Erac USA Finance LLC	200,000	269,522	243,738
Baltimore Gas & Electric Co	195,000	266,208	242,970
Florida Power & Light Co	245,000	240,235	242,435
Interstate Power & Light Co	190,000	262,947	238,908
Verizon Communications Inc	285,000	254,072	232,956
Cleveland Clinic Foundation	240,000	246,660	232,718
Covidien International Finance	185,000	241,656	231,916
Children's Hospital Medical Center	235,000	244,334	229,854
Wal-Mart Stores Inc	180,000	241,078	225,706
Kinder Morgan Energy Partners	300,000	285,111	221,346
Catholic Health Initiatives	235,000	233,310	219,798
Ebay Inc	275,000	244,835	217,319
Comcast Corp	175,000	233,660	217,210
Merck & Co Inc	235,000	233,649	217,011
General Dynamics Corp	235,000	223,633	216,383
Time Warner Inc	200,000	243,564	216,028
Baidu Inc	220,000	217,538	215,813
Hsbc Holdings Plc	170,000	227,015	215,195
Agrium Inc	230,000	248,428	214,395
Mizuho Financial Group Inc	215,000	215,000	214,243
Microsoft Corp	205,000	204,293	211,400
Conocophillips	215,000	267,365	210,240
Public Service Co Of Colorado	195,000	225,997	209,953
Marathon Petroleum Corp	260,000	244,834	208,244
Reynolds American Inc	190,000	191,872	208,206
Berkshire Hathaway Finance Cor	210,000	225,874	207,925
Medtronic Inc	180,000	212,063	207,311
Arrow Electronics Inc	175,000	214,468	206,232
Vodafone Group Plc	250,000	243,648	206,078
AT&T Inc	225,000	224,199	206,010
Walgreens Boots Alliance Inc	225,000	237,233	203,533
Eaton Corp	210,000	213,604	200,143
Masco Corp	185,000	205,350	199,800
Caterpillar Inc	170,000	220,808	199,726
Halliburton Co	210,000	217,442	197,146
Analog Devices Inc	190,000	189,151	195,744

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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Volkswagen Group Of America	200,000	193,660	195,220
Newcrest Finance Pty Ltd	280,000	245,918	193,771
Liberty Mutual Group Inc	170,000	207,881	193,251
21St Century Fox America Inc	165,000	220,318	191,740
Colgate-Palmolive Co	190,000	189,536	190,422
Cenovus Energy Inc	260,000	231,569	189,556
Visa Inc	185,000	184,691	187,694
Philip Morris International Inc	185,000	183,202	187,213
Visa Inc	185,000	184,750	186,772
Astrazeneca Plc	185,000	182,414	185,376
Applied Materials Inc	180,000	179,393	183,112
Bank Of America Corp	180,000	183,240	182,723
Schlumberger Hlds Corp	185,000	184,880	182,554
Goldman Sachs Group Inc	155,000	194,894	181,186
Williams Partners Lp	275,000	273,686	180,980
PNC Funding Corp	175,000	179,974	179,170
Moody's Corp	175,000	177,910	178,729
Chubb Corp	145,000	189,474	177,751
Nisource Finance Corp	150,000	193,370	177,534
Novartis Capital Corp	180,000	176,452	176,305
General Electric Co	180,000	186,338	175,822
Duke Energy Carolinas LLC	175,000	188,032	174,431
Lockheed Martin Corp	170,000	167,482	174,143
Deere & Co	150,000	181,764	174,041
Philip Morris International Inc	175,000	180,740	174,004
MTN Mauritius Investment	200,000	196,000	174,000
Wal-Mart Stores Inc	145,000	185,161	172,486
Lincoln National Corp	140,000	177,624	164,602
Cameron International Corp	155,000	171,450	164,412
Motiva Enterprises LLC	160,000	197,350	164,144
Lockheed Martin Corp	160,000	156,998	161,984
Rogers Communications Inc	160,000	162,720	161,082
Expedia Inc	165,000	164,233	161,030
Enterprise Products Operating	175,000	205,746	160,745
Anheuser-Busch Companies LLC	135,000	177,551	159,832
Anglo American Capital Pl	245,000	243,966	159,250
Diamond Offshore Drilling Inc	255,000	209,100	154,808

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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Domtar Corp	165,000	176,974	154,589
Virginia Electric & Power Co	150,000	163,847	154,280
Shell International Finance Bv	130,000	174,697	153,686
Union Electric Co	170,000	169,599	153,272
Votorantim Cimentos Sa	200,000	206,000	152,000
Monsanto Co	200,000	209,704	151,864
Verizon Communications Inc	160,000	164,357	151,477
Hp Enterprise Services LLC	130,000	164,504	150,774
Methanex Corp	185,000	189,153	149,815
Union Pacific Corp	160,000	153,669	148,317
Unum Group	150,000	148,992	147,572
Yum! Brands Inc	170,000	219,592	144,543
Southern California Gas Co	155,000	146,094	144,519
Discovery Communications LLC	145,000	172,609	144,258
Oracle Corp	145,000	154,955	144,247
Goldman Sachs Group Inc	145,000	155,307	144,159
Jpmorgan Chase & Co	135,000	143,331	143,934
Marsh & Mclennan Companies Inc	125,000	153,996	143,493
American International Group	155,000	163,759	143,338
Cigna Corp	130,000	153,734	142,526
Embraer Netherlands Finance Bv	155,000	154,507	141,050
Bank Of America Corp	125,000	144,805	140,961
Iberdrola International Bv	115,000	146,602	140,935
Valero Energy Corp	140,000	165,292	140,759
General Motors Financial Co	145,000	144,801	140,605
Devon Energy Corp	135,000	186,091	139,504
Trinity Acquisition Plc	130,000	148,953	138,926
Glencore Finance Canada	195,000	196,765	138,060
Southern Natural Gas Co LLC	140,000	181,377	137,477
Nationwide Financial Serv	135,000	145,832	135,146
WPP Finance 2010	140,000	149,702	132,021
Hasbro Inc	120,000	146,897	130,727
Phillips 66	130,000	140,143	130,307
Sysco Corp	125,000	124,901	130,049
Anheuser-Busch Inbev Finance	130,000	141,397	129,212
Mattel Inc	130,000	147,326	128,358
Phillips 66	130,000	133,250	121,845

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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Home Depot Inc	95,000	124,078	118,219
Comcast Corp	120,000	127,072	117,916
Johnson Controls Inc	145,000	149,491	117,776
United Technologies Corp	100,000	125,475	117,217
Canadian Pacific Railway Co	115,000	115,000	116,492
Petrobras Global Finance Bv	190,000	163,386	115,425
Wells Fargo & Co	100,000	119,853	114,512
Viacom Inc	125,000	139,009	112,248
Prudential Financial Inc	100,000	117,331	110,645
Mcdonald's Corp	110,000	109,647	109,593
Plains All American Pipeline L	125,000	124,808	109,119
Sunoco Logistics Partners Oper	145,000	146,605	107,676
Directv Holdings LLC / Directv	100,000	116,916	107,332
Gilead Sciences Inc	105,000	104,648	106,767
Lyondellbasell Industries Nv	130,000	127,859	105,427
Thermo Fisher Scientific Inc	105,000	104,851	104,408
Ameren Corp	100,000	99,911	99,548
Ford Motor Co	80,000	108,608	98,721
Occidental Petroleum Corp	100,000	98,929	96,999
Apache Corp	110,000	104,984	94,029
Old Republic International Cor	90,000	93,948	92,229
Anadarko Petroleum Corp	100,000	117,145	92,005
Metlife Inc	90,000	100,103	91,982
Sunoco Logistics Partners Oper	95,000	94,748	90,504
Freeport-Mcmoran Inc	170,000	160,747	88,400
Kla-Tencor Corp	90,000	95,484	87,690
Rowan Companies Inc	145,000	126,232	86,740
Hewlett Packard Enterpris	90,000	89,939	85,441
Noble Holding International Ltd	150,000	117,816	83,169
Barrick North America Finance	120,000	99,697	80,453
Anthem Inc	75,000	78,702	70,824
Baxalta Inc	70,000	69,539	70,236
Monsanto Co	90,000	89,733	69,832
Agrium Inc	75,000	77,689	67,093
Time Warner Inc	70,000	69,950	66,658
Penn Mutual Life Insurance	55,000	71,967	64,811
Precision Castparts Corp	65,000	64,867	64,576

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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Energy Transfer Partners Lp	75,000	74,714	61,021
Energy Transfer Partners Lp	75,000	82,260	60,169
Oncor Electric Delivery Co LLC	60,000	67,329	57,515
Roper Technologies Inc	55,000	54,909	54,754
Citigroup Inc	48,000	53,504	50,437
Enlink Midstream Partners Lp	70,000	67,467	43,406
Bae Systems Holdings Inc	40,000	38,314	38,928
Continental Resources Inc	60,000	51,326	36,179
Teck Resources Ltd	85,000	69,499	35,700
Barrick Pd Australia Finance	50,000	42,318	34,124
Weyerhaeuser Co	25,000	32,683	28,810
Marathon Oil Corp	35,000	34,979	24,912
Jefferies Group LLC	25,000	24,569	23,094
Pioneer Natural Resources Co	25,000	24,972	22,510
AT&T Inc	20,000	20,173	20,097
Pioneer Natural Resources Co	20,000	19,940	18,258
Delhaize Group	15,000	16,078	15,434
Gilead Sciences Inc	15,000	16,032	14,672
American International Group	7,000	9,485	9,205
Verizon Communications Inc	2,000	2,464	2,279
Total corporate bonds		75,084,915	69,290,760
Government bonds:			
US Treasury Bond	1,920,000	2,099,136	2,088,175
US Treasury Note	420,000	420,375	419,063
US Treasury-CPI	336,772	381,101	342,736
Tennessee Valley Auth Bd	100,000	97,314	97,697
Total government bonds		2,997,926	2,947,671
State and local obligations:			
Illinois State	360,000	357,368	340,578
Univ Of California Ca Revenues	195,000	195,000	183,056
US Treasury Bond Future	26	—	17,063
US Ultra Bond	-28	—	-18,238
Total state and local obligations:		552,368	522,458
Total Investments		$ 227,603,312	$ 217,095,856

* Represents a party in interest

The following is a summary of the changes in the non-prescribed actuarial assumptions from the assumptions used in the 2014 Plan Year valuation;

The administrative expense load was increased from $1,100,000 to $1,300,000 to better reflect management's expectations.