

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>ANIXTER INC. PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>010</u>
		1c	Effective date of plan <u>08/01/1973</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ANIXTER INC.</u> <u>2301 PATRIOT BLVD</u> <u>GLENVIEW, IL 60026-8020</u>	2b	Employer Identification Number (EIN) <u>36-2361285</u>
		2c	Plan Sponsor's telephone number <u>224-521-8000</u>
		2d	Business code (see instructions) <u>423600</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2017	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 6654
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3420 6a(2) 3011 6b 429 6c 2100 6d 5540 6e 153 6f 5693 6g 6h 169
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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

A Name of plan <u>ANIXTER INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANIXTER INC.</u>	D Employer Identification Number (EIN) <u>36-2361285</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>226895409</u>
b Actuarial value	2b <u>226895409</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>1145</u> (2) Vested Funding Target <u>64994102</u> (3) Total Funding Target <u>64994102</u>
b For terminated vested participants.....	<u>2089</u> <u>37773906</u> <u>37773906</u>
c For active participants.....	<u>3420</u> <u>77801217</u> <u>78445244</u>
d Total.....	<u>6654</u> <u>180569225</u> <u>181213252</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.20 %</u>
6 Target normal cost.....	6 <u>3895542</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/04/2017</u>
	Signature of actuary	Date
<u>CINDY FRATERRIGO</u>	Type or print name of actuary	<u>17-06229</u>
		Most recent enrollment number
<u>PRICEWATERHOUSECOOPERS LLP</u>	Firm name	<u>312-298-4320</u>
<u>ONE NORTH WACKER</u> <u>CHICAGO, IL 60606</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	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)		20073430
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 6.39 %		1282692
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		21356122
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	125.20%
15	Adjusted funding target attainment percentage	15	125.20%
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	131.19%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/16/2016	10485877	0			
01/13/2017	2250000	0			
05/01/2017	2250000	0			
07/14/2017	2250000	0			
09/15/2017	2250000	0			
			Totals ►	18(b)	19485877
				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 18171468
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
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	3895542			
b	Excess assets, if applicable, but not greater than line 31a	31b	3895542			
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	18171468			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	18171468			
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan 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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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	653255	Yes ☐ No ☒	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	583371	Yes ☐ No ☒	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	298515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	239454	Yes ☐ No ☒	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	206851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	25	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	133925	Yes ☐ No ☒	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 ☒	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 ☒	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)

SAWGRASS ASSET MANAGEMENT

1579 THE GREENS WAY
SUITE 20
JACKSONVILLE BEACH, FL 32250

59-3488505

(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	267433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	8000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>ANIXTER INC. PENSION PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>010</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>010</u>		
B Three-digit plan number (PN) ►	<u>010</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ANIXTER INC.</u>	D Employer Identification Number (EIN) <u>36-2361285</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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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 <u>41-1533211-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11026235</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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
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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)	9000000	9000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1020419	1021692
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	8667258	6516495
(2) U.S. Government securities	1c(2)	2947671	5340669
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	69290760	66680337
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	125775733	77709766
(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)	9891975	11026235
(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)	0	69494702
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	522459	502099

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	227116275	247291995

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	6441	1884
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6441	1884

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	227109834	247290111
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19485877	
(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)		19485877
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	66101	
(D) Loans (other than to participants)	2b(1)(D)	3314984	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	40094	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3421179
(2) Dividends: (A) Preferred stock	2b(2)(A)	14763	
(B) Common stock	2b(2)(B)	1681075	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	318601	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2014439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	151862382	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	151695407	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		166975
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8115407	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8115407

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1174090
(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)		6885243
c Other income.....	2c		33929
d Total income. Add all income amounts in column (b) and enter total.....	2d		41297139

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7645209	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	10485877	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		18131086
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)	104270	
(2) Contract administrator fees.....	2i(2)	626826	
(3) Investment advisory and management fees.....	2i(3)	1730033	
(4) Other	2i(4)	524647	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2985776
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21116862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20180277
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4091648. (See instructions.)

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>ANIXTER INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANIXTER INC.</u>	D Employer Identification Number (EIN) <u>36-2361285</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-2361285</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>16</u>

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

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

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

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>57.0</u> % Investment-Grade Debt: <u>32.0</u> % High-Yield Debt: <u>2.0</u> % Real Estate: <u>0.0</u> % Other: <u>9.0</u> %	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☒ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	

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



Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

*Years ended December 31, 2016 and 2015
with Report of Independent Auditors*

**Employer Identification #36-2361285
Plan #010**

Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

*Years ended December 31, 2016 and 2015
with Report of Independent Auditors*

**Employer Identification #36-2361285
Plan #010**

Anixter Inc. Pension Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2016 and 2015

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WASHINGTON, PITTMAN & McKEEVER, LLC

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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, 2016 and 2015, 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, 2016 and 2015, 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, 2016, schedule of assets (acquired and disposed of within year) – year ended December 31, 2016, and the schedule of reportable transactions for the year ended December 31, 2016, 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 12, 2017*

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

	December 31,	
	2016	2015
Assets		
Investments, at fair value:		
Collective short term investment funds	\$ 6,516,495	\$ 8,667,258
Common collective trust	11,026,235	9,891,975
Corporate stocks - common and preferred	77,709,766	125,775,733
Mutual funds	69,494,702	—
Corporate bonds	66,680,337	69,290,760
Government bonds	5,340,669	2,947,671
State and local obligations	502,099	522,459
Total investments	<u>237,270,303</u>	<u>217,095,856</u>
Receivable for employer contributions	9,000,000	9,000,000
Accrued investment income	1,021,692	1,020,419
Total assets	<u>247,291,995</u>	<u>227,116,275</u>
Liabilities		
Payable for securities purchased	1,884	6,441
Net assets available for benefits	<u><u>\$ 247,290,111</u></u>	<u><u>\$ 227,109,834</u></u>

See accompanying notes to financial statements.

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

	December 31,	
	2016	2015
Additions		
Interest and dividend income	\$ 5,501,250	\$ 5,364,626
Net realized and unrealized appreciation/ (depreciation) in fair value of investments	16,310,012	(16,114,990)
Contributions from employer	19,485,877	21,404,703
Total additions	<u>41,297,139</u>	<u>10,654,339</u>
Deductions		
Benefits paid directly to participants	7,645,209	17,516,949
Purchase of annuity contracts	10,485,877	—
Administrative fees	2,985,776	2,288,060
Total deductions	<u>21,116,862</u>	<u>19,805,009</u>
Net (decrease) increase	20,180,277	(9,150,670)
Net assets available for benefits at beginning of year	227,109,834	236,260,504
Net assets available for benefits at end of year	<u><u>\$ 247,290,111</u></u>	<u><u>\$ 227,109,834</u></u>

See accompanying notes to financial statements.

Anixter Inc. Pension Plan

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 business 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 2017, the Employer made cash contributions of \$9,000,000 related to the 2016 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, 2016.

In 2016, the Employer made cash contributions of \$10,485,877 related to the 2016 plan year and \$9,000,000 related to the 2015 plan year. The \$9,000,000 contributions related to the 2015 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, 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 Plan has met the minimum funding requirements of ERISA during 2016 and 2015.

Pension Benefits

Pension benefits under the Plan are as follows:

- Employees hired before June 1, 2004 will receive the grandfathered pension benefit. The amount of the benefit is based on a formula that uses their final average salary, social security

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

covered compensation and continuous service through December 31, 2013 (or if earlier, their date of termination).

- For employee first hired on or after June 1, 2004 but prior to July 1, 2015, benefits are based on a personal retirement account that is credited annually with a contribution based on years of continuous service and salary.
- For employees hired before June 1, 2004 who work through January 1, 2014, or who are terminated and rehired on or after June 1, 2004 but prior to July 1, 2015, benefits are based on a combination of the grandfathered pension benefit and the personal retirement account.
- Employees hired on or after July 1, 2015 accrue no benefits under the Plan. Employees rehired on or after July 1, 2015 only participate with respect to benefits accrued prior to such date.

Purchase of Annuity Contracts

In the fourth quarter of 2016, the Plan was amended to allow for the benefits of certain retirees or beneficiaries to be transferred to a third-party annuity provider. The Plan then purchased a \$10,485,877 annuity contract with a third-party insurance carrier and transferred the related obligations to the carrier.

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.

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 Pension Benefit Guaranty Corporation ("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.

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

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.

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the valuation policies utilizing information provided by the trustee and investment adviser. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Plan Fees and Expenses

Management and trustee fees, actuarial fees, certain legal and consulting fees related to the administration of the Plan and PBGC premiums are paid by the Plan.

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 as of August 1 of the Plan year is five or greater). Interest earned on the credited amount is not credited to the cash balance account, but is contributed to the participant's account in the Anixter Inc. 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

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

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.

Recently Issued Accounting Pronouncements

In August 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*. The core principle of this guidance is that an entity's management should evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern within one year after the date that the financial statements are available to be issued. When management identifies conditions or events that raise substantial doubt about an entity's ability to continue as a going concern, management should consider whether its plans that are intended to mitigate those relevant conditions or events that will alleviate the substantial doubt are adequately disclosed in the notes to the financial statements. The standard is effective for annual periods beginning in 2016. The Plan adopted this standard in 2016. The adoption did not require additional disclosures within the Plan's financial statements.

In May 2015, the FASB issued 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 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.

Anixter Inc. Pension Plan

Notes to Financial Statements (continued)

Note 3. Fair Value Measurements

The Plan follows the guidance issued under the Fair Value Measurements and Disclosures topic of the FASB ASC, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the guidance are described as follows:

- Level 1 - inputs to the valuation are unadjusted quoted prices in active markets for identical assets or liabilities for which the Plan has the ability to access as of the reporting date.
- Level 2 - valuation inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 - valuation inputs are unobservable inputs, such as internally-developed pricing models for the asset due to little or no market activity for the asset.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Short-term investment funds are valued at the daily closing price as reported by the fund. They have been categorized as Level 1.

Mutual funds (registered investment company securities) are valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are primarily open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net assets value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and have been categorized as Level 1.

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. They have been categorized as Level 2.

Common/collective funds are not exchange traded. These assets are valued at their NAV as determined by the fund manager based on inputs that are directly or indirectly observable. In accordance with ASU No. 2015-07, these assets are not classified into any levels within the fair value hierarchy, but are included in the table as a reconciling item.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total fair value at December 31, 2016
Investment assets:				
Collective short term investment funds	\$ 6,516,495	\$ —	—	\$ 6,516,495
Corporate stocks - common and preferred	77,709,766	—	—	77,709,766
Mutual funds	69,494,702	—	—	69,494,702
Corporate bonds	—	66,680,337	—	66,680,337
Government bonds	—	5,340,669	—	5,340,669
State and local obligations	—	502,099	—	502,099
Total Investments at Fair Value	153,720,963	72,523,105	—	226,244,068
Common collective trust investments measured at NAV	—	—	—	11,026,235
Total Investments	\$153,720,963	\$ 72,523,105	—	\$237,270,303
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total fair value at December 31, 2015
Investment assets:				
Collective short term investment funds	\$ 8,667,258	\$ —	\$ —	\$ 8,667,258
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	—	522,459	—	522,459
Total Investments at Fair Value	134,442,991	72,760,890	—	207,203,881
Common collective trust investments measured at NAV	—	—	—	9,891,975
Total Investments	\$134,442,991	\$ 72,760,890	\$ —	\$217,095,856

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2016 and 2015, respectively.

December 31, 2016	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective fund	\$11,026,235	\$-0-	Daily	None

December 31, 2015	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective fund	\$9,891,975	\$-0-	Daily	None

Common Collective Fund - the fund seeks to provide investors with high current income as its primary objective and, as its secondary objective, capital growth. Under normal market conditions, the fund invests at least 80% of its net assets in high-yield debt instruments.

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, 2016 and 2015.
- Investment income, as shown in the statements of changes in net assets available for Plan benefits for the years ended December 31, 2016 and 2015.
- The schedule of assets (held at end of year) as of December 31, 2016, schedule of assets (acquired and disposed of within year) - year ended December 31, 2016, and schedule of reportable transactions for the year ended December 31, 2016.

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.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

Note 5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuary as of January 1, 2016. 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.

	<u>January 1, 2016</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired employees receiving benefits	\$ 72,676,202
Active and terminated employees not receiving benefits	159,760,323
Non-vested benefits	774,726
Total actuarial present value of accumulated plan benefits	<u>\$ 233,211,251</u>

	<u>Year Ended January 1, 2016</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 248,544,274
Increase (decrease) during the year attributed to:	
Change in assumptions	(22,719,773)
Increase for interest due to the decrease in the discount period	9,954,805
Benefits accumulated (including actuarial gains and losses)	14,948,894
Benefits paid	(17,516,949)
Net Decrease	<u>(15,333,023)</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 233,211,251</u>

Some of the actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of January 1, 2016 and 2015, are as follows:

Rate of return on investments:	6.5%
Discount rate ^(a) :	4.66% - 2016 and 4.15%/4.41% - 2015
Retirement age:	Age 65 or immediately if participant is age 65 or over
Mortality	IRS 2016 and 2015 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.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

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 May 31, 2017, 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. An amendment to the plan was implemented subsequent to the date of the determination letter based on the recommendation of the IRS. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

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 Anixter Inc. Employee Savings Plan.

Anixter Inc. Pension Plan
Notes to Financial Statements (continued)

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 12, 2017, the date on which the financial statements were available to be issued, and has identified the following event:

The Employer made contributions to the 2016 Plan year during 2017 which amounted to \$9,000,000.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Line 26 – Schedule of Active Participant Data

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2016

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	29	33,818	80	38,128	4																113	36,600
25-29	62	40,136	231	44,795	47	45,853	3														343	44,103
30-34	29	44,825	154	51,831	123	55,895	56	60,875	3												365	53,977
35-39	33	58,145	113	60,146	123	57,430	101	60,924	66	67,866	2										438	60,606
40-44	24	53,831	112	63,786	118	60,287	102	68,202	125	77,601	40	85,404	1								522	68,343
45-49	20	69,688	103	67,529	99	64,185	87	73,251	117	81,242	83	88,638	37	84,633	1						547	75,160
50-54	15		90	70,742	78	64,953	58	71,292	92	79,557	56	89,744	54	94,091	28	79,282	2				473	76,655
55-59	4		69	60,528	50	66,768	46	58,914	64	69,386	49	93,097	32	98,998	33	110,200	16				363	76,715
60-64	5		29	54,624	22	54,588	24	64,240	26	75,578	28	74,734	24	82,297	10		11		2		181	71,452
65-69	1		6		9		10		9		11		5		4		1		2		58	65,649
70&Up	1		1		2		3		4		3		2		1						17	
Total	223	48,616	988	55,474	675	58,995	490	65,389	506	75,446	272	86,178	155	89,361	77	95,995	30	103,271	4		3,420	65,466

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Statement of Actuarial Assumptions

Valuation Date January 1, 2016

Employees Included in Valuation All participants as of January 1, 2016.

Funding Mortality (other than for determining the value of lump sum) IRS 2016 Static Mortality Table

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

<u>Attained Age</u>	<u>Annual Rates of Termination</u>
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:

<u>Completed Years of Service</u>	<u>Percentage of Employees Terminating Employment</u>
0	20%
1	20%
2	20%

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

Valuation Salary Expected 2016 Base Salary provided by Anixter. If expected 2016 Base Salary was not available, actual 2015 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.

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.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Statement of Actuarial Assumptions (continued)

IRC Section 401(a)(17) Salary Cap Increases	\$265,000 in 2016. This limit is assumed to remain constant in the future for funding purposes.																
IRC Section 415(b) Maximum Benefit	\$215,000 in 2016. This limit is assumed to remain constant in the future for funding purposes.																
Lump Sum Election Rate	<p>For pre 6/1/04 hires (actives and terminated vesteds), 20% of participants with lump sums less than \$10,000 of their December 31, 2013 frozen accrued benefits will elect an immediate lump sum and 80% will elect a deferred lump sum payable as of their normal retirement date (age 65).</p> <p>For post 6/1/04 hires and for benefit accruals after December 31, 2013 for pre 6/1/04 hires, 70% of active participants are assumed to elect an immediate lump sum and 30% of active participants are assumed to defer and commence a lump sum at age 65. Terminated vested participants, are assumed to elect an immediate lump sum.</p>																
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	<p>Salaries increase at rates that vary by attained age, as illustrated below:</p> <table> <tr> <th><u>Attained Age</u></th><th><u>Salary Scale</u></th></tr> <tr> <td><30</td><td>8.00%</td></tr> <tr> <td>30 to 34</td><td>5.75%</td></tr> <tr> <td>35 to 44</td><td>4.75%</td></tr> <tr> <td>45 to 49</td><td>4.25%</td></tr> <tr> <td>50 to 54</td><td>3.75%</td></tr> <tr> <td>55 to 59</td><td>3.50%</td></tr> <tr> <td>60+</td><td>3.00%</td></tr> </table>	<u>Attained Age</u>	<u>Salary Scale</u>	<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%
<u>Attained Age</u>	<u>Salary Scale</u>																
<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	<p>January 2016 MAP-21 segment rates amended by HATFA (4.43%, 5.91%, 6.65%).</p> <p>January 2016 Pre MAP-21 segment rates (1.41%, 3.96%, 4.97%) for maximum tax deductible contribution purposes.</p>																
Lump Sum Determination	January 2016 segment rates and 2016 applicable Section 417(e) mortality table (2016 IRS Lump Sum Mortality Table).																
Provision for Expense	Normal cost is increased by \$1,400,000 to provide for administrative expenses.																
Changes Since the Prior Valuation	<p>The interest rate was updated from the January 2015 MAP-21 segment rates amended by HAFTA to the January 2016 MAP-21 segment rates amended by HATFA.</p> <p>The mortality was updated to the 2016 IRS Static Mortality Table.</p> <p>The lump sum mortality was updated to the IRS 2016 Lump Sum Mortality Table.</p> <p>The administrative expense load increased from \$1,300,000 to \$1,400,000.</p> <p>The form of payment assumption for those expected to elect an annuity was updated to the assumption of 45% electing a single life annuity, 25% electing a Joint & 50% Survivor annuity, and 30% electing a Joint & 100% Survivor annuity.</p> <p>The timing of when PRA terminated vested participants are expected to receive a lump sum was changed to 20% electing an immediate lump sum and 80% electing a deferred lump sum payable as of their normal retirement date (age 65).</p>																

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

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, 2016
EIN 36-2361285; Plan #010

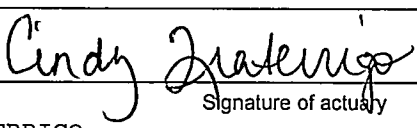
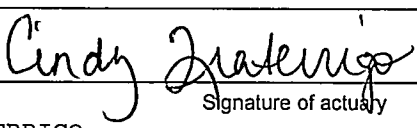
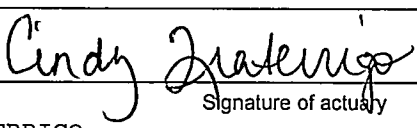
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) – Single transactions in excess of 5% of plan assets</u>						
	IShares Core S&P Midcap ETF	\$39,784,008	—	—	\$39,784,008	—
		—	—	—	—	—
	IShares Russell 2000 ETF	21,427,863	—	—	21,427,863	—
		—	—	—	—	—
<u>Category (ii) – There were no series of transactions with the same person in excess of 5% of plan assets</u>						
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>						
	IShares Core S&P Midcap ETF	40,692,509	—	—	40,692,509	—
		—	—	—	—	—
	IShares Russell 2000 ETF	21,916,949	—	—	21,916,949	—
		—	—	—	—	—

Category (iv) – There were no transactions with the same person in excess of 5% of plan assets

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
► 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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	226,895,409	
b Actuarial value	2b	226,895,409	
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	1,145	64,994,102	64,994,102
b For terminated vested participants	2,089	37,773,906	37,773,906
c For active participants	3,420	77,801,217	78,445,244
d Total	6,654	180,569,225	181,213,252
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	6.20%	
6 Target normal cost	6	3,895,542	

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.																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">SIGN HERE</td> <td style="width: 85%; text-align: center;">  Signature of actuary </td> </tr> <tr> <td colspan="2">CINDY FRATERRIGO</td> </tr> <tr> <td colspan="2" style="text-align: center;">Type or print name of actuary</td> </tr> <tr> <td colspan="2">PRICEWATERHOUSECOOPERS LLP</td> </tr> <tr> <td colspan="2" style="text-align: center;">Firm name</td> </tr> <tr> <td colspan="2">ONE NORTH WACKER</td> </tr> <tr> <td>CHICAGO</td> <td>IL 60606</td> </tr> <tr> <td colspan="2" style="text-align: center;">Address of the firm</td> </tr> </table>	SIGN HERE	 Signature of actuary	CINDY FRATERRIGO		Type or print name of actuary		PRICEWATERHOUSECOOPERS LLP		Firm name		ONE NORTH WACKER		CHICAGO	IL 60606	Address of the firm		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> October 4, 2017 Date 1706229 </td> <td style="width: 50%; text-align: center;"> Most recent enrollment number 312-298-4320 Telephone number (including area code) </td> </tr> </table>	October 4, 2017 Date 1706229	Most recent enrollment number 312-298-4320 Telephone number (including area code)
SIGN HERE	 Signature of actuary																		
CINDY FRATERRIGO																			
Type or print name of actuary																			
PRICEWATERHOUSECOOPERS LLP																			
Firm name																			
ONE NORTH WACKER																			
CHICAGO	IL 60606																		
Address of the firm																			
October 4, 2017 Date 1706229	Most recent enrollment number 312-298-4320 Telephone number (including area code)																		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐	Schedule SB (Form 5500) 2016 v. 160205
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.	

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).....		20,073,430
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39</u> %.....		1,282,692
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		21,356,122
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	125.20%
15 Adjusted funding target attainment percentage.....	15	125.20%
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	131.19%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/16/2016	10,485,877	0			
01/13/2017	2,250,000	0			
05/01/2017	2,250,000	0			
07/14/2017	2,250,000	0			
09/15/2017	2,250,000	0			
Totals ▶			18(b)	19,485,877	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	18,171,468

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.43 %2nd segment:
5.91 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 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** 3,895,542**b** Excess assets, if applicable, but not greater than line 31a **31b** 3,895,542

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** 18,171,468**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 18,171,468**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**

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Acquired and Disposed of Within Year)

December 31, 2016
EIN 36-2361285; Plan #010

(a) Identity of Issuer	(b) Description of Investment	(c) Costs of acquisitions	(d) Proceeds of dispositions
Advanced Semiconductor Enginee	Common Stock	\$98,778	\$83,606
Bangkok Expressway & Metro PCL	Common Stock	58,159	68,304
Bank CIMB NIAGA TBK PT	Common Stock	1,722	809
Cheng Shin Rubber Industry Co	Common Stock	233,690	228,007
Demandware Inc	Common Stock	498,292	821,278
Fosun International LTD	Common Stock	48,487	55,129
KOC Holding AS	Common Stock	134,901	115,964
LG Electronics Inc	Common Stock	279,145	226,847
Petkim Petrokimya Holding AS	Common Stock	69,643	73,002
Telesites SAB DE CV	Common Stock	11,026	8,133
Wal-Mart De Mexico SAB DE CV	Common Stock	174,852	138,356
AT&T Inc	Corporate Bonds 4.500% 03/09/2048 DD 09/07/16	774	751
AT&T Inc	Corporate Bonds 4.550% 03/09/2049 DD 09/07/16	438	428
Baxalta Inc	Corporate Bonds 5.250% 06/23/2045 DD 12/23/15	639,539	72,513
Cisco Systems Inc	Corporate Bonds 2.950% 02/28/2026 DD 02/29/16	89,932	90,418
Express Scripts Holding Co	Corporate Bonds 4.500% 02/25/2026 DD 02/25/16	184,014	200,121
O'Reilly Automotive Inc	Corporate Bonds 3.550% 03/15/2026 DD 03/08/16	99,832	101,216
Pernod Ricard SA	Corporate Bonds 3.250% 06/08/2026 DD 06/08/16	149,163	159,740
Roche Holdings Inc	Corporate Bonds 2.625% 05/15/2026 DD 03/01/16	257,410	254,688
Westlake Chemical Corp	Corporate Bonds 5.000% 08/15/2046 DD 08/10/16	311,891	321,306
Turkey Government International	Government bonds 4.250% 10/09/2026 DD 03/09/16	272,187	276,238
US 10YR Ultra Future (CBT)	Other	—	(18,000)
US 10YR Ultra Future (CBT)	Other	—	(47,534)
US Long BD Future (CBT)	Other	—	277,477
US Treas BD Future (CBT)	Other	—	(37,016)
US Treas BD Future (CBT)	Other	—	(593,605)
US Ultra Bond (CBT)	Other	—	63,125
US Ultra Bond Future (CBT)	Other	—	(425,563)
US Ultra Bond (CBT)	Other	—	718,242

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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	<u>7.178</u>	<u>502.46</u>
		Total	100.00	6,193.49
		Average		62

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>Special provisions exist for employees of the following acquired companies:</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>For purposes of benefit accrual, IAM employees are credited with continuous service from no earlier than August 1, 1973.</p>

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

Salary	<p>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.</p> <p>For employees hired or rehired after May 31, 2004, salary includes regular pay and overtime but excludes all bonuses.</p>
Final Average Salary	<p>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).</p>
Covered Compensation	<p>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).</p>
Eligibility for Benefits:	
Normal	<p>The first of the month coincident with or next following the attainment of age 65.</p>
Deferred	<p>The first day of any month after the participant's normal retirement date.</p>
Early	<p>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.</p> <p>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.</p>
Vested Termination	<p>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.</p>

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

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.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

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.

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Part V - Summary of Plan Provisions

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.

Supplemental Schedules

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
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	6,209,853	\$ 6,209,853	\$ 6,209,853
Cash In Account		306,642	306,642
Total cash equivalents		6,516,495	6,516,495
Common collective trust:			
Columbia Management High Yield	771,605	10,000,000	11,026,235
Total common collective trusts		10,000,000	11,026,235
Common stocks:			
Apple Inc	25,424	2,703,283	2,944,608
Alphabet Inc	3,177	2,196,479	2,517,614
Microsoft Corp	39,092	1,846,604	2,429,177
Verizon Communications Inc	33,505	1,457,803	1,788,497
Comcast Corp	24,283	1,400,043	1,676,741
UnitedHealth Group Inc	10,052	1,174,249	1,608,722
Costco Wholesale Corp	9,452	1,407,911	1,513,360
Coca-Cola Co	36,078	1,487,285	1,495,794
Laboratory Corp Of America	11,546	1,256,810	1,482,275
Autozone Inc	1,846	1,344,959	1,457,952
Home Depot Inc	10,745	1,271,748	1,440,690
Mastercard Inc	13,637	1,249,773	1,408,020
Verisk Analytics Inc	17,242	1,277,283	1,399,533
Oracle Corp	35,318	1,300,749	1,357,977
Intel Corp	36,870	1,252,109	1,337,275
Honeywell International Inc	11,460	1,153,847	1,327,641
Dollar Tree Inc	17,201	1,286,201	1,327,573
Walt Disney Co	12,373	1,243,991	1,289,514
Citrix Systems Inc	14,340	1,078,913	1,280,705
Johnson & Johnson	11,093	1,054,545	1,278,025
Tjx Cos Inc	16,966	1,211,963	1,274,656
Expeditors International Of Washington	21,489	1,005,647	1,138,057
Samsung Electronics Co Ltd	730	820,084	1,089,138
Marsh & McLennan Cos Inc	16,095	849,777	1,087,861
Tencent Holdings Ltd	44,100	919,182	1,079,016

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
McDonald's Corp	8,660	979,797	1,054,095
Celgene Corp	9,100	1,015,808	1,053,325
Taiwan Semiconductor Manufactu ADR	36,000	913,281	1,035,000
Berkshire Hathaway Inc	6,180	838,473	1,007,216
General Mills Inc	14,972	859,557	924,820
McCormick & Co Inc/Md	9,714	828,355	906,608
Danaher Corp	11,603	750,955	903,178
Ecolab Inc	7,613	845,971	892,396
Dr Pepper Snapple Group Inc	9,400	846,022	852,298
3M Co	4,686	692,061	836,779
F5 Networks Inc	5,760	815,650	833,587
Starbucks Corp	14,790	852,028	821,141
CBOE Holdings Inc	10,828	726,365	800,081
Fastenal Co	15,110	675,489	709,868
Nike Inc	13,920	721,209	707,554
Abbvie Inc	10,688	598,294	669,283
Fedex Corp	3,439	530,451	640,342
Broadridge Financial Solutions	9,560	635,872	633,828
China Construction Bank Corp	801,000	567,204	616,778
Petrochina Co Ltd	820,000	564,275	611,313
Varian Medical Systems Inc	6,550	557,376	588,059
Omnicom Group Inc	6,500	534,091	553,215
Union Pacific Corp	5,300	560,619	549,504
Naspers Ltd	3,693	548,407	543,915
Banco Bradesco Sa	61,340	530,572	534,271
Mckesson Corp	3,561	655,743	500,142
Netease Inc ADR	2,300	382,564	495,282
Hon Hai Precision Industry Co	188,180	491,927	491,630
Gazprom Pjsc ADR	96,982	455,946	490,117
Alibaba Group Holding Ltd ADR	5,500	458,367	482,955
Henry Schein Inc	3,150	530,759	477,887
Bank Of China Ltd	964,000	415,500	427,718
Aac Technologies Holdings Inc	46,000	417,727	417,985
Abbott Laboratories	10,253	423,660	393,818
Geely Automobile Holdings Ltd	405,000	247,299	387,075
Express Scripts Holding Co	5,316	426,496	365,688
Tata Motors Ltd ADR	10,400	380,926	357,656

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Banco Do Brasil Sa ADR	39,800	312,626	343,498
Hana Financial Group Inc	12,886	289,368	333,406
Credicorp Ltd	2,100	275,919	331,506
Fortive Corp	5,801	245,022	311,108
Itausa - Investimentos Itau Sa	120,300	288,739	306,045
Gruma Sab De Cv	23,580	309,100	301,138
HDFC Bank Ltd ADR	4,900	272,495	297,332
SK Hynix Inc	8,029	298,921	297,149
Vale SA ADR	38,000	216,014	289,560
Petroleo Brasileiro Sa ADR	32,600	296,110	287,206
Lukoil Pjsc ADR	5,034	199,099	282,407
Industrial & Commercial Bank	464,000	282,866	278,287
Tenaga Nasional Bhd	89,600	328,424	277,628
Lg Uplus Corp	28,918	290,473	274,144
Grupo Financiero Banorte Sab D	50,600	271,339	251,262
Pegatron Corp	104,000	277,280	248,472
Kb Financial Group Inc	6,911	203,256	244,901
Sappi Ltd	37,174	142,767	244,519
Grupo Mexico Sab De Cv	87,500	274,458	239,673
Largan Precision Co Ltd	2,000	191,371	235,192
China Petroleum & Chemical Cor ADR	3,100	251,263	220,162
Barclays Africa Group Ltd	17,843	193,028	220,105
Guangzhou Automobile Group Co	174,000	229,591	210,511
Kingboard Chemical Holdings Lt	66,500	133,122	201,563
Kia Motors Corp	6,093	268,051	198,005
Telekomunikasi Indonesia Perse	645,400	202,627	190,661
China Mobile Ltd	17,500	206,179	185,537
Mmc Norilsk Nickel Pjsc ADR	11,180	166,130	185,382
Firststrand Ltd	46,480	163,240	180,720
Icici Bank Ltd ADR	23,000	181,057	172,270
Highwealth Construction Corp	121,000	212,216	170,449
Infosys Ltd ADR	11,300	190,713	167,579
Otp Bank Plc	5,827	160,548	167,149
Posco ADR	3,100	166,737	162,905
Dell Technologies Inc Class V	2,955	133,137	162,436
Hyundai Mobis Co Ltd	741	145,927	161,967
Fomento Economico Mexicano Sab ADR	2,100	192,695	160,041

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Cemex Sab De Cv ADR	19,500	155,694	156,585
China Steel Corp	201,000	153,881	153,733
Nan Ya Plastics Corp	69,000	157,357	152,434
Kroton Educacional Sa	36,700	170,089	150,309
Standard Bank Group Ltd	13,049	126,340	144,803
Lite-On Technology Corp	95,000	147,267	143,256
Itau Unibanco Holding Sa ADR	13,607	162,602	139,880
China Overseas Land & Investme	52,000	191,627	137,828
Foxconn Technology Co Ltd	48,035	149,447	127,134
New Oriental Education & Techn ADR	3,000	84,805	126,300
Kwg Property Holding Ltd	222,000	128,446	125,988
Exxaro Resources Ltd	18,972	116,762	124,168
Mol Hungarian Oil & Gas Plc	1,732	111,757	122,049
Daelim Industrial Co Ltd	1,682	130,155	121,297
China Shenhua Energy Co Ltd	63,500	124,846	119,577
Flexium Interconnect Inc	45,445	145,431	119,574
China Communications Construct	102,000	107,448	117,351
Sk Innovation Co Ltd	960	124,085	116,443
Ptt Global Chemical Pcl	66,000	123,181	116,111
Sinopec Shanghai Petrochemical	212,000	91,674	114,844
Quanta Computer Inc	61,000	124,842	114,130
State Bank Of India GDR	3,089	123,483	113,521
Hyundai Development Co-Enginee	3,021	149,939	112,431
Sinopharm Group Co Ltd	27,200	92,359	112,089
Cimb Group Holdings Bhd	111,100	130,987	111,694
Bank Negara Indonesia Persero	265,800	107,201	109,003
Kghm Polska Miedz Sa	4,881	141,263	108,137
Industrial Bank Of Korea	10,257	115,765	107,852
Tiger Brands Ltd	3,656	100,955	106,360
Hankook Tire Co Ltd	2,199	98,364	105,599
Sanlam Ltd	22,914	130,511	105,396
Cia De Saneamento Basico Do Es ADR	11,800	89,171	102,424
Adaro Energy Tbk Pt	762,900	57,653	95,982
Pharmaengine Inc	16,798	96,105	94,599
Enel Americas Sa ADR	11,400	99,661	93,594
Kasikornbank Pcl	18,700	99,419	92,689
KT&G Corp	1,069	113,593	89,393

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Uni-President Enterprises Corp	52,040	89,144	86,225
Realtek Semiconductor Corp	27,000	105,633	85,451
Supalai Pcl	120,200	85,492	83,914
Shanghai Pharmaceuticals Holdi	36,300	73,311	83,245
Impala Platinum Holdings Ltd	26,613	94,070	83,177
Momo Inc ADR	4,500	97,909	82,710
Woori Bank	7,618	72,177	80,419
Mrv Engenharia E Participacoes	22,900	74,562	76,974
Cj Cheiljedang Corp	248	80,002	73,406
Cia De Minas Buenaventura Saa ADR	6,500	100,796	73,320
China Cinda Asset Management C	195,000	75,916	70,675
Tal Education Group ADR	1,000	74,299	70,150
E Ink Holdings Inc	98,000	52,298	69,785
Bank Central Asia Tbk Pt	59,100	57,797	67,994
Lotte Chemical Corp	222	55,700	67,824
Tianneng Power International L	72,000	54,439	66,120
S-Oil Corp	927	72,270	65,008
Industrias Penoles Sab De Cv	2,960	44,773	55,469
Nine Dragons Paper Holdings Lt	61,000	44,964	55,310
Taishin Financial Holding Co L	144,768	54,321	53,004
Arca Continental Sab De Cv	10,000	69,078	52,457
Enel Chile Sa ADR	11,400	82,395	51,870
Sinotrans Ltd	116,000	66,300	51,767
Rumo Logistica Operadora Multi	26,400	33,392	49,804
Fleury Sa	4,500	51,261	49,290
China Merchants Bank Co Ltd	19,500	38,704	45,725
Lojas Renner Sa	6,100	49,727	43,426
Elite Advanced Laser Corp	10,800	45,913	43,228
Bm&Fbovespa Sa - Bolsa De Valo	7,900	47,153	40,050
Guangzhou R&F Properties Co Lt	32,000	52,160	38,715
Total common stock		71,558,362	77,709,766
Mutual funds:			
Ishares Core S&P Midcap ETF	270,519	40,692,509	44,727,612
Ishares Russell 2000 ETF	183,664	21,916,949	24,767,090
Total mutual funds		62,609,458	69,494,702

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Corporate bonds:			
Verizon Communications Inc	2,527,000	2,322,176	2,377,636
AT&T Inc	2,171,000	2,217,583	2,064,114
Wal-Mart Stores Inc	1,460,000	1,642,023	1,703,483
Comcast Corp	1,400,000	1,493,211	1,534,114
Wells Fargo & Co	1,225,000	1,236,970	1,225,011
JPMorgan Chase & Co	1,040,000	1,144,675	1,188,645
Citigroup Inc	1,045,000	1,166,266	1,173,071
Goldman Sachs Group Inc/The	885,000	1,032,166	1,068,776
Anheuser-Busch Inbev Finance I	1,000,000	1,003,280	1,062,803
GE Capital International Fundi	1,010,000	941,466	1,058,389
United Technologies Corp	965,000	1,028,796	1,048,135
Microsoft Corp	890,000	948,854	940,590
Bank Of America Corp	715,000	907,298	919,617
Pepsico Inc	880,000	881,756	902,274
Shell International Finance Bv	865,000	940,217	900,104
Lowe's Cos Inc	855,000	877,596	863,691
HSBC Holdings Plc	750,000	789,526	801,383
Metlife Inc	720,000	764,297	772,578
Morgan Stanley	695,000	755,112	753,156
Pacific Gas & Electric Co	635,000	718,452	743,763
Burlington Northern Santa Fe L	670,000	701,823	743,070
Gilead Sciences Inc	725,000	758,922	742,304
Berkshire Hathaway Energy Co	565,000	721,975	735,449
General Electric Co	620,000	707,769	735,346
UnitedHealth Group Inc	695,000	647,683	676,833
Southern California Edison Co	575,000	684,442	676,069
Philip Morris International In	555,000	651,775	663,686
Anthem Inc	605,000	643,584	640,099
Ford Motor Co	570,000	650,904	636,884
Puget Sound Energy Inc	485,000	615,218	591,739
Cisco Systems Inc	450,000	532,091	558,805
Home Depot Inc	460,000	529,662	548,154
Alabama Power Co	570,000	537,742	544,869
Conocophillips	465,000	577,519	541,217
International Business Machine	540,000	512,379	540,140
Berkshire Hathaway Finance Cor	450,000	494,079	516,352

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Oracle Corp	450,000	508,527	504,371
Energy Transfer Partners Lp	450,000	506,330	481,204
Apple Inc	450,000	433,505	464,668
Exxon Mobil Corp	430,000	460,416	440,436
Progressive Corp	345,000	438,726	430,988
Vale Overseas Ltd	435,000	483,372	428,475
Amazon.com Inc	375,000	368,385	427,706
Fomento Economico Mexicano Sab	436,000	406,853	412,748
Santander Issuances Sau	400,000	400,000	403,760
Boeing Co	290,000	393,808	392,646
Cooperatieve Rabobank Ua	335,000	376,429	389,900
City Of Hope	330,000	380,619	387,866
Pfizer Inc	360,000	364,493	380,254
Transcanada Pipelines Ltd	340,000	356,153	377,672
Consolidated Edison Co Of New	360,000	374,796	374,796
Intercontinental Exchange Inc	355,000	377,553	370,936
Nike Inc	375,000	371,513	369,626
Johnson & Johnson	375,000	372,510	369,510
Ppg Industries Inc	320,000	387,181	366,070
Altria Group Inc	395,000	389,134	364,542
Barclays Plc	340,000	339,184	364,035
Glaxosmithkline Capital Inc	275,000	358,172	361,694
San Diego Gas & Electric Co	335,000	357,924	359,100
BG Energy Capital Plc	325,000	356,496	353,633
Travelers Cos Inc	275,000	352,072	353,381
Goldcorp Inc	360,000	358,261	353,120
Valero Energy Corp	335,000	368,836	350,662
Union Pacific Corp	350,000	341,165	349,660
Rio Tinto Finance Usa Plc	325,000	315,504	348,592
Duke Energy Progress Llc	270,000	356,640	348,511
General Motors Co	350,000	346,005	346,329
Georgia-Pacific Llc	270,000	349,396	345,886
Dignity Health	345,000	349,067	336,558
Jefferies Group Llc	325,000	348,691	334,194
NYU Hospitals Center	315,000	314,953	328,441
Time Warner Cable Llc	280,000	364,612	325,522
Prudential Financial Inc	275,000	307,806	304,674

Anixter Inc. Pension Plan
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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Avon Products Inc	345,000	354,256	302,738
Time Warner Inc	270,000	304,712	298,382
Intel Corp	290,000	280,056	292,761
Standard Chartered Plc	295,000	294,183	292,475
HSBC Bank USA NA	250,000	289,650	291,058
Chubb Ina Holdings Inc	285,000	277,408	287,725
Kinder Morgan Energy Partners	300,000	288,429	286,716
Reliance Holding Usa Inc	250,000	263,885	282,943
Abbott Laboratories	265,000	262,936	271,980
Archer-Daniels-Midland Co	275,000	261,129	269,324
Diamond 1 Finance Corp	230,000	230,407	268,875
Newcrest Finance Pty Ltd	280,000	239,134	265,073
Waste Management Inc	265,000	264,454	262,263
Williams Partners Lp	275,000	273,686	261,374
Public Service Electric & Gas	270,000	246,567	258,498
Canadian National Railway Co	240,000	253,193	257,285
Erac Usa Finance Llc	200,000	258,414	253,412
Honeywell International Inc	205,000	249,342	252,556
Florida Power & Light Co	245,000	240,235	251,025
Hp Enterprise Services Llc	210,000	251,472	249,908
Baltimore Gas & Electric Co	195,000	259,960	247,551
Walt Disney Co	180,000	246,103	246,764
Hutchison Whampoa Interna	230,000	246,461	246,148
Interstate Power & Light Co	190,000	245,876	240,793
Children'S Hospital Medical Ce	235,000	235,000	233,348
Sumitomo Mitsui Financial Grou	225,000	225,000	230,020
Ebay Inc	275,000	250,611	229,540
Cleveland Clinic Foundation	240,000	240,000	227,659
BNP Paribas Sa	230,000	229,595	226,688
Merck & Co Inc	235,000	233,649	224,082
General Dynamics Corp	235,000	211,580	222,752
Vodafone Group Plc	250,000	237,893	221,200
Baidu Inc	220,000	211,530	219,564
Reynolds American Inc	190,000	191,872	218,242
Public Service Co Of Colorado	195,000	214,691	215,220
Kellogg Co	220,000	217,807	214,988
Caterpillar Inc	170,000	210,773	212,719

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

December 31, 2016
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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Agrium Inc	205,000	205,232	210,097
Medtronic Inc	180,000	212,843	209,533
Arrow Electronics Inc	175,000	217,441	208,231
Eaton Corp	210,000	206,760	207,026
Abbvie Inc	215,000	213,555	205,869
21St Century Fox America Inc	165,000	205,549	203,042
Applied Materials Inc	180,000	179,393	200,164
Volkswagen Group Of America	200,000	193,660	199,676
Enterprise Products Operating	175,000	210,648	197,558
Fedex Corp	195,000	194,144	196,503
Colgate-Palmolive Co	190,000	189,536	195,835
Motiva Enterprises Llc	160,000	210,766	193,430
Moody's Corp	175,000	177,910	192,878
Glencore Finance Canada	195,000	195,330	187,364
Nisource Finance Corp	150,000	180,596	182,649
Novartis Capital Corp	180,000	176,452	181,654
Diamond Offshore Drilling Inc	255,000	209,100	181,134
Chubb Corp	145,000	180,743	180,866
Pnc Financial Services Group I	175,000	178,696	179,907
Duke Energy Carolinas Llc	175,000	175,611	179,023
Duke Energy Indiana Llc	135,000	181,579	176,923
Southern Natural Gas Co Llc	140,000	192,683	175,286
Cenovus Energy Inc	200,000	178,130	173,192
Molson Coors Brewing Co	185,000	183,810	172,481
Anheuser-Busch Cos Llc	135,000	180,587	172,039
Expedia Inc	165,000	164,233	170,100
Kraft Heinz Foods Co	180,000	179,431	169,376
Conocophillips Co	135,000	133,619	167,057
Lincoln National Corp	140,000	177,328	164,892
Hyatt Hotels Corp	155,000	154,876	163,229
Union Electric Co	170,000	169,599	160,733
Domtar Corp	165,000	176,027	159,420
Virginia Electric & Power Co	150,000	161,235	157,481
Embraer Netherlands Finance Bv	155,000	154,507	154,070
American International Group I	155,000	154,065	152,842
Southern California Gas Co	155,000	146,094	151,404
Marsh & McLennan Cos Inc	125,000	145,603	148,171

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year)

December 31, 2016
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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Cigna Corp	130,000	145,275	144,822
Mylan Nv	155,000	154,975	142,955
Iberdrola International Bv	115,000	141,284	140,653
Petrobras Global Finance Bv	190,000	163,386	140,448
WPP Finance 2010	140,000	143,205	140,040
Sunoco Logistics Partners Oper	145,000	144,030	140,021
Hasbro Inc	120,000	141,547	139,850
Johnson Controls International	145,000	136,538	135,221
Sysco Corp	125,000	124,901	132,589
Whirlpool Corp	135,000	133,921	131,633
Mattel Inc	130,000	140,655	130,472
Plains All American Pipeline L	125,000	124,808	129,141
Express Scripts Holding Co	130,000	129,773	124,466
Viacom Inc	125,000	143,596	122,500
Barrick North America Finance	120,000	99,697	122,473
Lyondellbasell Industries Nv	130,000	127,859	120,801
McDonald's Corp	110,000	109,647	116,371
Apache Corp	110,000	104,984	115,080
Anadarko Petroleum Corp	100,000	121,240	114,529
Occidental Petroleum Corp	100,000	98,929	104,051
Teva Pharmaceutical Finance Ne	120,000	119,000	102,823
Aetna Inc	95,000	94,905	95,394
Kla-Tencor Corp	90,000	89,726	94,020
Hewlett Packard Enterprise Co	90,000	89,939	90,909
Visa Inc	75,000	74,875	79,163
Enlink Midstream Partners Lp	70,000	67,467	63,458
Cox Communications Inc	60,000	59,899	57,296
Methanex Corp	64,000	63,586	56,146
Barrick Pd Australia Finance P	50,000	42,318	52,881
General Motors Financial Co In	50,000	46,257	48,782
Pioneer Natural Resources Co	45,000	44,912	47,239
Marathon Oil Corp	35,000	34,979	32,989
Weyerhaeuser Co	25,000	33,027	30,403
Koninklijke Ahold Delhaize Nv	15,000	16,078	16,621
Spirit Aerosystems Inc	15,000	14,989	14,798
Total corporate bonds		66,375,901	66,680,337

Anixter Inc. Pension Plan
Schedule H, Line 4i – Schedule of Assets
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December 31, 2016
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(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Government bonds:			
US Treasury Bond	4,650,000	4,656,440	4,309,756
US Treasury-CPI	342,263	380,041	373,515
US Treasury Note	340,000	329,455	327,131
Mexico Government International	250,000	224,375	227,325
Tennessee Valley Auth Bd	100,000	97,314	102,942
Total government bonds		5,687,625	5,340,669
State and local obligations:			
Illinois State	360,000	358,531	321,660
Univ Of California Ca Revenues	195,000	195,000	185,942
US Ultra Bond	-29	—	64,521
US 10 Year Ultra Future	6	—	-5,809
US Treasury Bond Future	39	—	-64,215
Total state and local obligations:		553,531	502,099
Total Investments		\$ 223,301,372	\$ 237,270,303

* Represents a party in interest

Anixter Inc.
Anixter Inc. Pension Plan
EIN: 36-2361285; PN: 010
Schedule SB, Line 24 - Change in Actuarial Assumptions

The following is a summary of the changes in the non-prescribed actuarial assumptions from the assumptions used in the 2015 Plan Year valuation;

The administrative expense load was increased from \$1,300,000 to \$1,400,000 to better reflect management's expectations.

The form of payment assumption for those expected to elect an annuity was updated to the assumption of 45% electing a single life annuity, 25% electing a Joint & 50% Survivor annuity, and 30% electing a Joint & 100% Survivor annuity.

The timing of when PRA terminated vested participants are expected to receive a lump sum was changed to 20% electing an immediate lump sum and 80% electing a deferred lump sum payable as of their normal retirement date (age 65).