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

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/2012

2a Plan sponsor's name (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)
WHOLESALE ELECTRIC SUPPLY CO., INC.

P O BOX 1258
TEXARKANA, TX 75504

803 S. ROBISON RD.
TEXARKANA, TX 75501

2b Employer Identification Number (EIN)
75-1102645

2c Plan Sponsor's telephone number
903-794-3404

2d Business code (see instructions)
238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2017	AMOS MCCULLOCH, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	304
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	289
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	331
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	352
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	352
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1102645

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	105645	143	03/01/2016	02/28/2017

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
8302	858

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8302			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LEON E. WERNTZ & ASSOCIATES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	858	TPA COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2181160

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1102645

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

JOHN HANCOCK LIFE INSURANCE CO

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

01-0233346

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1102645

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2055 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59488
a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2050 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116987
a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2045 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47569
a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2040 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306071
a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2035 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259259
a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2030 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89370
a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2025 MANAGED PORT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 418659

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET TO 2020 MANAGED PORT

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98364

a Name of MTIA, CCT, PSA, or 103-12 IE: JH RET INCOME MANAGED PORT

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15680

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49836

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15468

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7782

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91545

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52569

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82369

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122698

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46086

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38310

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142383

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36830

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVIOR TOTAL BOND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21491

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9424

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17274

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21124

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14525

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1102645

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	15832	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	1429801	2181160
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1445633	2181160
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1445633	2181160

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	512879	
	(C) Others (including rollovers)	2a(1)(C)	6933	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		519812
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		271777
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		791589
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19766	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		19766
f Corrective distributions (see instructions)	2f		34898
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	1398	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1398
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		56062
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		735527
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		144563
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

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

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
75-1102645

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 01-0233346

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior 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 ____/____/____.

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

AUDITED FINANCIAL STATEMENTS
For the Year Ended February 28, 2017

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HOLLIDAY, LEMONS & COX, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Wholesale Electric Supply Company, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of February 28, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended February 28, 2017, and the related notes to the financial statement.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by John Hancock USA, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended February 28, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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

Other Matter

The supplemental schedule "Schedule H Line 4j – Schedule Reportable Transactions" for the year ended February 28, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Holliday, Lamm & Cox, P.C.

December 8, 2017

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

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	February 28, 2017	*February 28, 2016*
Assets		
Investments, at fair value		
Pooled Separate Accounts	$ 2,181,160	$ 1,429,801
Employee contributions receivable		15,832
Total assets	2,181,160	1,445,633

LIABILITIES & NET ASSETS AVAILABLE FOR BENEFITS

Liabilities		
Excess contributions payable	47,214	34,786
Total liabilities	47,214	34,786
Total net assets available for benefits	$ 2,133,946	$ 1,410,847

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

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Year Ended February 28, 2017
Additions to net assets attributed to:	
Investment income	
Net realized and unrealized appreciation (depreciation) in fair value of investments	$ 266,882
Total investment income (loss)	266,882
Contributions:	
Employee	470,560
Rollovers	6,933
Total contributions	477,493
Total additions (reductions)	744,375
Deductions from net assets attributed to:	
Benefits paid to participants	19,878
Administrative expenses	1,398
Total deductions	21,276
Net increase (decrease)	723,099
Net assets available for plan benefits:	
Beginning of year	1,410,847
End of year	$ 2,133,946

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

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

NOTES TO FINANCIAL STATEMENTS
February 28, 2017 and 2016

NOTE 1- DESCRIPTION OF PLAN

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

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

B. ***Prototype Plan*** – The governing Plan document is a non-standardized prototype plan in which the Plan sponsor has chosen certain features of the Plan from a limited set of options. The dual eligibility option was customized for the Plan to allow all employees of the Company at March 1, 2012 the opportunity to participate in the Plan without the service eligibility requirement. The Plan was amended and restated effective March 1, 2016 to bring the Plan into compliance with the Pension Protection Act of 2006 and other legislative and regulatory changes.

C. ***Eligibility*** – Under the Plan, employees who have reached age 21 are eligible to participate in the Plan on the next plan entry date. The entry dates are the first day of Plan year and the first day of the seventh month in the Plan year.

D. ***Contributions*** – Each year eligible participants may contribute up to the maximum dollar set by the Internal Revenue Service each year. The maximum dollar amount was $18,000 in calendar years 2016 and 2015. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum dollar amount for catch-up contributions was $6,000 in calendar years 2016 and 2015. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan allows for matching Company contributions as employer contributions. In 2017 and 2016, the Company did not make any matching Company contributions. In addition, for the Plan year, the Company may, at its discretion, contribute out of its current accumulated earnings and profits, an additional amount. In 2017 and 2016, the Company did not make a discretionary contribution.

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

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

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

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

G. ***Participant Loans*** - The Plan did not allow for loans to participants from their accounts during plan years 2017 or 2016. The Plan was amended effective March 1, 2017, to allow participants to have up to two loans. Participants may apply for a loan up to 50% of their nonforfeitable account balance. The maximum aggregate dollar amount of loans outstanding to any participant may not exceed $50,000.

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

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

I. ***Forfeited Accounts*** – At February 28, 2017, there were no forfeited nonvested accounts. In the event that participants forfeit their nonvested account balances, the forfeitures will be used to reduce any employer matching contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

D. Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions and earnings on those contributions. The Plan distributed the excess contributions as of February 28, 2017 in May 2017. The Plan distributed the excess contributions as of February 28, 2016 in May and December 2016.

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

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

NOTE 3 – FAIR VALUE MEASURMENTS

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

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

Level 2 Fair Value Measurements

The pooled separate accounts are valued at the net asset value ("NAV") of units of pooled accounts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the report NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate full redemption of the pooled separate accounts, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of February 28, 2017 and 2016:

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

Notes to financial statements continued.

	Assets at Fair Value as of February 28			
	2017		*2016*	
	Level 2	*Total*	*Level 2*	*Total*
Pooled separate accounts	$ 2,181,160	$ 2,181,160	$ 1,429,801	$ 1,429,801
Total assets at fair value	$ 2,181,160	$ 2,181,160	$ 1,429,801	$ 1,429,801

The following tables summarize investments measured at fair value based on NAV per share as of February 28, 2017 and 2016, respectively. All investments are participant directed.

	February 28, 2017			
Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
RC INC	$ 15,680	N/A	Daily	N/A
RC at 2020	98,364	N/A	Daily	N/A
RC at 2025	418,659	N/A	Daily	N/A
RC at 2030	89,370	N/A	Daily	N/A
RC at 2035	259,259	N/A	Daily	N/A
RC at 2040	306,071	N/A	Daily	N/A
RC at 2045	47,569	N/A	Daily	N/A
RC at 2050	116,987	N/A	Daily	N/A
RC at 2055	59,488	N/A	Daily	N/A
MONEY	14,524	N/A	Daily	N/A
FID TOTAL	21,491	N/A	Daily	N/A
VS STR INC	21,124	N/A	Daily	N/A
REAL RTRN	17,274	N/A	Daily	N/A
OPP INTB	9,424	N/A	Daily	N/A
PAR EQ INC	142,383	N/A	Daily	N/A
DISCIPVAL	122,698	N/A	Daily	N/A
VS UTILIT	36,830	N/A	Daily	N/A
VS CAP APP	82,369	N/A	Daily	N/A
LORDVALOPP	46,086	N/A	Daily	N/A
OPINTGRW	38,310	N/A	Daily	N/A
VS SCTEC	91,545	N/A	Daily	N/A
US SML CAP	49,836	N/A	Daily	N/A
VS IT VL	15,468	N/A	Daily	N/A
ENTERGY	52,569	N/A	Daily	N/A
VS NAT RES	7,782	N/A	Daily	N/A
Total	$ 2,181,160			

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

Notes to financial statements continued.

	February 28, 2016			
Investment	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
RC at 2010	$ 6,047	N/A	Daily	N/A
RC at 2015	3,518	N/A	Daily	N/A
RC at 2020	67,330	N/A	Daily	N/A
RC at 2025	277,880	N/A	Daily	N/A
RC at 2030	60,983	N/A	Daily	N/A
RC at 2035	187,567	N/A	Daily	N/A
RC at 2040	209,913	N/A	Daily	N/A
RC at 2045	26,925	N/A	Daily	N/A
RC at 2050	55,218	N/A	Daily	N/A
RC at 2055	18,667	N/A	Daily	N/A
MONEY	24,393	N/A	Daily	N/A
FID TOTAL	17,329	N/A	Daily	N/A
VS STR INC	12,662	N/A	Daily	N/A
REAL RTRN	13,669	N/A	Daily	N/A
OPP INTB	7,004	N/A	Daily	N/A
PAR EQ INC	98,631	N/A	Daily	N/A
DISCIPVAL	75,761	N/A	Daily	N/A
VS UTILIT	23,381	N/A	Daily	N/A
VS CAP APP	59,696	N/A	Daily	N/A
LORDVALOPP	28,988	N/A	Daily	N/A
OPINTGRW	26,477	N/A	Daily	N/A
VS SCTEC	54,325	N/A	Daily	N/A
US SML CAP	29,454	N/A	Daily	N/A
VS IT VL	7,813	N/A	Daily	N/A
ENTERGY	31,740	N/A	Daily	N/A
VS NAT RES	4,430	N/A	Daily	N/A
Total	$ 1,429,801			

NOTE 4 – RELATED PARTY & PARTY IN INTEREST TRANSACTIONS

Raymond James Insurance Group, Inc. manages the Plan's investments and provides investment advisory services to participants. Fees paid by the Plan for the investment advisory and management services were $8,302 and $6,793 during the years ended February 28, 2017 and 2016, respectively. Fees for the current Plan year are netted with net realized and unrealized appreciation on the statement of changes in net assets available for benefits.

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

Notes to financial statements continued.

Werntz and Associates, Inc. is the third party administrator of the Plan. Werntz and Associates, Inc. provides accounting, administrative, and tax services for the Plan. Fees paid by the Plan for these administrative services were $1,398 and $300 during the years ended February 28, 2017 and 2016, respectively. Fees for the current Plan year are reflected in administrative expenses on the statement of changes in net assets available for benefits.

Holliday, Lemons, & Cox, P.C. provides audit services for the Plan. Fees paid by the Plan for these services were $0 during the years ended February 28, 2017 and 2016.

Hyden, Miron, & Foster, LLC provides legal services for the Plan. Fees paid by the Plan for these services were $0 during the years ended February 28, 2017 and 2016.

Pursuant to the Plan document, all administrative expenses of the Plan may be paid out of Plan assets unless paid by the Company. Expenses paid by the Company are considered related party transactions. The Company paid Werntz & Associates, Inc. administrative expenses of $10,809 and $10,736 during the Plan years ended February 28, 2017 and 2016, respectively. The Company paid Holliday, Lemons, & Cox, P.C. audit fees of $15,945 and $12,635 during the years ended February 28, 2017 and 2016, respectively. The Company paid Hyden, Miron, & Foster, LLC legal fees of $1,891 during the year ended February 28, 2017. The Company also paid legal fees related to the Plan and to the Wholesale Electric Supply Company, Inc. Restated Employee Stock Ownership Plan during the year ended February 28, 2016. However, in fiscal year 2016, the firm did not separate all the fees between the plans. Expenses relating to both plans totaled $544 during the Plan year ended February 28, 2016.

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

NOTE 5 - TAX STATUS

The prototype plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service (IRS) stated that the prototype plan, as designed on January 31, 2006, is qualified and the trust established under the prototype plan is tax-exempt and in compliance with the Internal Revenue Code. The prototype plan was amended and restated effective March 1, 2016. The Plan Administrator and Plan's tax counsel believe that the prototype plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator will make any changes deemed necessary to ensure that the Plan maintains tax-exempt status.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 – FIDELITY BOND COVERAGE

The Plan was covered by a fidelity bond for the year ended February 28, 2016. The amount of coverage in effect during the year was $144,563.

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

Notes to financial statements continued.

NOTE 8 – SUMMARY ANNUAL REPORT

The Plan will distribute the Summary Annual Report for the year ended February 28, 2017 to participants in December, 2017.

NOTE 9 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

	February 28, 2017	*February 28, 2016*
Pooled separate accounts	$ 2,181,160	$ 1,445,633
Employee contributions	512,879	431,360
Rollovers	6,933	52,101
Investment gain/loss from pooled accounts	270,918	119,570
Distributions to participants	54,664	87,564
Administrative expenses	540	300

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of excess contributions payable for the year ended February 28, 2016.

	February 28, 2017
Excess contributions payable per the financial statements	$ 47,214
Less: Amounts accrued at February 28, 2017	(47,214)
Other liabilities per Form 5500	$ -

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

Notes to financial statements continued.

The following is a reconciliation of net assets available for benefit for the year ended February 28, 2017.

	February 28, 2017
Net assets available for benefits per the financial statements	$ 2,133,946
Add: Excess contributions payable at February 28, 2017	47,214
Net assets available for benefits per Form 5500	$ 2,181,160

The following is a reconciliation of contributions per the financial statements for the year ended February 28, 2017 to Form 5500:

	February 28, 2017
Employee contributions per the financial statements	$ 470,560
Add: Excess contributions payable at February 28, 2016	42,319
Employee contributions per Form 5500	$ 512,879

The following is a reconciliation of net realized and unrealized appreciation in fair value of investments per the financial statements for the year ended February 28, 2017 to Form 5500:

	February 28, 2017
Net realized and unrealized appreciation (depreciation) in fair value of investments	$ 266,882
Add: Losses on excess contributions payable at February 28, 2017	4,895
Net investment gain from pooled separate accounts per Form 5500	$ 271,777

The following is a reconciliation of distributions per the financial statements for the year ended February 28, 2017 to Form 5500:

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

Notes to financial statements continued.

	February 28, 2017
Benefits paid to participants	$ 19,878
Add: Excess contributions payable at February 28, 2016	34,786
Benefit payments and corrective distributions per Form 5500	$ 54,664

The following is a reconciliation of excess contributions payable for the year ended February 28, 2016.

	February 28, 2016
Excess contributions payable per the financial statements	$ 34,786
Less: Amounts accrued at February 28, 2016	(34,786)
Other liabilities per Form 5500	$ -

The following is a reconciliation of net assets available for benefit for the year ended February 28, 2016.

	February 28, 2016
Net assets available for benefits per the financial statements	$ 1,410,847
Add: Excess contributions payable at February 28, 2016	34,786
Net assets available for benefits per Form 5500	$ 1,445,633

The following is a reconciliation of contributions per the financial statements for the year ended February 28, 2016 to Form 5500:

	February 28, 2016
Employee contributions per the financial statements	$ 393,748
Add: Excess contributions payable at February 28, 2016	37,612
Employee contributions per Form 5500	$ 431,360

The following is a reconciliation of net realized and unrealized appreciation in fair value of investments per the financial statements for the year ended February 28, 2016 to Form 5500:

	February 28, 2016
Net realized and unrealized appreciation (depreciation) in fair value of investments	$ (109,951)
Add: Losses on excess contributions payable at February 28, 2016	(2,826)
Net investment gain from pooled separate accounts per Form 5500	$ (112,777)

The following is a reconciliation of distributions per the financial statements for the year ended February 28, 2016 to Form 5500:

	February 28, 2016
Benefits paid to participants	$ 69,013
Add: Excess contributions payable at February 28, 2015	18,551
Benefit payments and corrective distributions per Form 5500	$ 87,564

NOTE 12 – SUBSEQUENT PRONOUNCEMENTS

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

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

NOTE 13 – SUBSEQUENT EVENT

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through December 8, 2017, the date the financial statements were available for issue.

The Plan was amended effective March 1, 2017 to allow participants to take up to two loans from their accounts. Participants may apply for a loan up to 50% of their nonforfeitable account balance. The maximum aggregate dollar amount of loans outstanding to any participant may not exceed $50,000. An estimate of the financial effect of this amendment on the Plan cannot be made.

The Plan was also amended effective August 1, 2017 to add another trustee. This amendment has no financial effect on the Plan.

SUPPLEMENTARY INFORMATION

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

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2017
75-1102645
Plan Number 002

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Capital Appreciation Fund	$ 18,745				$ 18,745		
	JH Ret To 2010 Managed Port	413				413		
	JH Ret Inc Managed Port	11,806				11,806		
	JH Ret To 2020 Managed Port	25,980				25,980		
	JH Ret To 2025 Managed Port	106,936				106,936		
	JH Ret To 2030 Managed Port	17,802				17,802		
	JH Ret To 2035 Managed Port	45,619				45,619		
	JH Ret To 2040 Managed Port	76,124				76,124		
	JH Ret To 2045 Managed Port	13,796				13,796		
	JH Ret To 2050 Managed Port	59,036				59,036		
	JH Ret To 2055 Managed Port	34,888				34,888		
	John Hancock Disciplined Value	29,150				29,150		
	Fidelity Advisor Total Bond	3,106				3,106		
	International Value Fund	4,829				4,829		
	Lord Abbett Value Opps Fund	10,388				10,388		
	Money Market Fund	15,566				15,566		
	Oppenheimer Intl Bond	1,706				1,706		
	Oppenheimer Intl Growth Fund	12,787				12,787		
	Parnassus Core Equity Fund	28,157				28,157		
	PIMCO Real Return	9,437				9,437		
	Natural Resources Fund	2,579				2,579		
	DFA U.S. Small Cap Fund	13,337				13,337		
	Strategic Income Opp Fund	11,113				11,113		
	Science & Technology Fund	23,143				23,143		
	Utilities Fund	8,256				8,256		
	Vanguard Energy Fund	16,651				16,651		
	Total	$ 601,350				$ 601,350		
	Capital Appreciation Fund		$ 8,766			$ 8,435		$ 331
	JH Ret To 2010 Managed Port		6,705			6,610		95
	JH Ret To 2020 Managed Port		1,388			1,363		25
	JH Ret To 2025 Managed Port		4,519			4,454		65
	JH Ret To 2035 Managed Port		9,841			9,282		559
	JH Ret To 2040 Managed Port		23,372			23,443		(71)
	JH Ret To 2045 Managed Port		42			39		3
	JH Ret To 2050 Managed Port		12,001			11,332		669
	JH Ret To 2055 Managed Port		1,005			949		56
	John Hancock Disciplined Value		5,751			4,971		780
	Lord Abbett Value Opps Fund		1,461			1,278		183
	Money Market Fund		25,528			25,689		(161)
	Oppenheimer Intl Growth Fund		3,121			3,262		(141)
	Parnassus Core Equity Fund		4,404			3,936		468
	PIMCO Real Return		6,831			6,926		(95)
	Natural Resources Fund		1,320			1,347		(27)
	DFA U.S. Small Cap Fund		3,630			3,179		451
	Strategic Income Opp Fund		3,864			3,733		131
	Science & Technology Fund		6,628			5,807		821
	Vanguard Energy Fund		6,564			7,271		(707)
	Total		$ 136,741			$ 133,306		$ 3,435

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

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2017
75-1102645
Plan Number 002

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Capital Appreciation Fund	$ 18,745				$ 18,745		
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	Utilities Fund	8,256				8,256		
	Vanguard Energy Fund	16,651				16,651		
	Total	$ 601,350				$ 601,350		
	Capital Appreciation Fund		$ 8,766			$ 8,435		$ 331
	JH Ret To 2010 Managed Port		6,705			6,610		95
	JH Ret To 2020 Managed Port		1,388			1,363		25
	JH Ret To 2025 Managed Port		4,519			4,454		65
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	JH Ret To 2040 Managed Port		23,372			23,443		(71)
	JH Ret To 2045 Managed Port		42			39		3
	JH Ret To 2050 Managed Port		12,001			11,332		669
	JH Ret To 2055 Managed Port		1,005			949		56
	John Hancock Disciplined Value		5,751			4,971		780
	Lord Abbett Value Opps Fund		1,461			1,278		183
	Money Market Fund		25,528			25,689		(161)
	Oppenheimer Intl Growth Fund		3,121			3,262		(141)
	Parnassus Core Equity Fund		4,404			3,936		468
	PIMCO Real Return		6,831			6,926		(95)
	Natural Resources Fund		1,320			1,347		(27)
	DFA U.S. Small Cap Fund		3,630			3,179		451
	Strategic Income Opp Fund		3,864			3,733		131
	Science & Technology Fund		6,628			5,807		821
	Vanguard Energy Fund		6,564			7,271		(707)
	Total		$ 136,741			$ 133,306		$ 3,435

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

Name of Plan:

▶ Wholesale Electric Supply Company, Inc. 401(k) Profit Sharing Plan

Employer Identification Number: ▶ 75-1102645

For plan year (beginning/ending): ▶ 3/1/2016-02/28/2017 Plan number: ▶ 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	JH Ret to 2010 Managed Port			15680
	JH Ret to 2020 Managed Port			98364
	JH Ret to 2025 Managed Port			418659
	JH Ret to 2030 Managed Port			89370
	JH Ret to 2035 Managed Port			259259
	JH Ret to 2040 Managed Port			306071
	JH Ret to 2045 Managed Port			47569
	JH Ret to 2050 Managed Port			116987
	JH Ret to 2055 Managed Port			59488
	Money Market Fund			14525
	Fid Advisor Total Bond			21491
	PIMCO Real Return			17274
	Strategic Income Opp			21124
	Oppenheimer Int. Bond			9424
	Parnassus Core Equity Fund			142383
	Utilities Fund			36830
	Capital Appreciation Fund			82369
	JH Disciplined Value			122698
	Lord Abbett Value Opp			46086
	Oppenheimer Intl Growth			38310
	Science & Technology Fund			91545
	DFA US Small Cap			49836
	International Value Fund			15468
	Vanguard Energy Fund			52569
	Natural Resources Fund			7782