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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANIXTER INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 08/01/1973

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

ANIXTER INC.

2301 PATRIOT BLVD
GLENVIEW, IL 60026-8020

2b Employer Identification Number (EIN)
36-2361285

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

2d Business code (see instructions)
423600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2018	BOB FRUEH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

ANIXTER INC.

2301 PATRIOT BLVD
GLENVIEW, IL 60026-8020

3b Administrator's EIN: 36-2361285

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	5693
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)**	3011
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2743
b Retired or separated participants receiving benefits	**6b**	269
c Other retired or separated participants entitled to future benefits	**6c**	2089
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	5101
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	123
f Total. Add lines **6d** and **6e**.	**6f**	5224
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	72
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

D Employer Identification Number (EIN)
36-2361285

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	247077261
b Actuarial value	**2b**	247077261

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	582	59311378	59311378
b For terminated vested participants	2100	43587562	43587562
c For active participants	3011	79858771	80363782
d Total	5693	182757711	183262722

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.01 %
6 Target normal cost	**6**	4009088

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/24/2018
Date

CINDY FRATERRIGO
Type or print name of actuary

17-06229
Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP
Firm name

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

ONE NORTH WACKER
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18171468
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.20%		1126631
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		19298099
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	134.82%
15	Adjusted funding target attainment percentage	15	132.93%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	125.20%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/05/2017	11271000	0			
			Totals ► 18(b)	11271000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10678145

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	4009088
b Excess assets, if applicable, but not greater than line 31a	**31b**	4009088

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10678145

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

a Total (excess, if any, of line 37 over line 36)	**38a**	10678145
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

D Employer Identification Number (EIN)
36-2361285

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERCER

155 NORTH WACKER DRIVE
15TH FLOOR
CHICAGI, IL 60606

36-2336943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	350782	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAWGRASS ASSET MANAGEMENT

1579 THE GREENS WAY
SUITE 20
JACKSONVILLE BEACH, FL 32250

59-3488505

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	298199	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF NEW YORK

500 GRANT STREET
SUITE 0625
PITTSBURGH, PA 15258

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	288087	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLARIVEST ASSET MANAGEMENT LLC

3611 VALLEY CENTRE DR #100
SAN DIEGO, CA 92130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	ASSET MANAGEMENT	286308	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS, SAYLES & COMPANY, LLP

ONE FINANCIAL CENTER
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	198420	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS

PO BOX 75647
CHICAGO, IL 60675

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	TRUSTEE FEES	148490	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DEMARCHE ASSOCIATES

6700 ANTIOCH RD., SUITE 420
MERRIAM, KS 66204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	57938	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WASHINGTON, PITTMAN AND MCKEEVER, L

819 S WABASH AVE
CHICAGO, IL 60605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	13800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ICAP

225 WEST WACKER, SUITE 2400
CHICAGO, IL 60606

03-0598064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 21	INVESTMENT MANAGEMENT	1509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

D Employer Identification Number (EIN)
36-2361285

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MANAGEMENT HIGH YIELD FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-1533211-000	C	11774691

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

D Employer Identification Number (EIN)
36-2361285

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1021692	1086373
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6516495	7060985
(2) U.S. Government securities	1c(2)	5340669	4561402
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	66680337	76978186
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	77709766	99444573
(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)	11026235	11774691
(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)	69494702	79340509
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	502099	527688

			(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**	247291995	280774407
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	1884	12337
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	1884	12337
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	247290111	280762070

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)**	11271000	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		11271000
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)**	154388	
	(C) Corporate debt instruments	**2b(1)(C)**	3259884	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**	38770	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		3453042
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	6465	
	(B) Common stock	**2b(2)(B)**	1621058	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	965420	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		2592943
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	55217783	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	52558893	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		2658890
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	23620387	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		23620387

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		826924
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9845807
c Other income	2c		48162
d Total income. Add all **income** amounts in column (b) and enter total	2d		54317155
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7536547	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	11271000	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		18807547
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	839457	
(4) Other	2i(4)	1198192	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2037649
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20845196
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33471959
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	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		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c 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 4147706. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

D Employer Identification Number (EIN)
36-2361285

Part I Distributions

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

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

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

EIN(s): 36-2361285

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 241

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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): _____

---

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: 33.0 % Investment-Grade Debt: 29.0 % High-Yield Debt: 1.0 % Real Estate: 0.0 % Other: 37.0 %

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

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

Financial Statements and Supplemental Schedules

Anixter Inc. Pension Plan

Years ended December 31, 2017 and 2016
with Report of Independent Auditors

Employer Identification #36-2361285
Plan #010

Anixter Inc. Pension Plan

Financial Statements
and Supplemental Schedules

Years ended December 31, 2017 and 2016

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WASHINGTON, PITTMAN & MCKEEVER, LLC

CERTIFIED PUBLIC ACCOUNTANTS AND MANAGEMENT CONSULTANTS
401 N. Michigan Avenue, Suite 1200, Chicago, Illinois 60611
Phone (312) 332-4964 Fax (312) 332-0181

Report of Independent Auditors

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Anixter Inc. Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of change in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by BNY Mellon Trust Company of Illinois, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions.

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, schedule of assets (acquired and disposed of within year) – year ended December 31, 2017, and the schedule of reportable transactions for the year ended December 31, 2017, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Washington, Pittman & McKeever, LLC

WASHINGTON, PITTMAN & McKEEVER, LLC

Chicago, Illinois
October 8, 2018

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

	December 31, 2017	December 31, 2016
Assets		
Investments, at fair value:		
Cash and cash equivalents	$ 7,060,985	$ 6,516,495
Common collective trust	11,774,691	11,026,235
Corporate stocks - common and preferred	99,444,573	77,709,766
Mutual funds	79,340,509	69,494,702
Corporate bonds	76,978,186	66,680,337
Government bonds	4,561,402	5,340,669
State and local obligations	527,688	502,099
Total investments	279,688,034	237,270,303
Employer's contributions	0	9,000,000
Accrued investment income	1,086,373	1,021,692
Total assets	280,774,407	247,291,995
Liabilities		
Payable for securities purchased	12,337	1,884
Net assets available for benefits	$ 280,762,070	$ 247,290,111

See accompanying notes to financial statements.

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

	December 31, 2017	December 31, 2016
Additions		
Interest and dividend income	$ 6,162,006	$ 5,501,250
Net realized and unrealized appreciation/(depreciation) in fair value of investments	36,884,149	16,310,012
Total investment income	43,046,155	21,811,262
Contributions from employer	11,271,000	19,485,877
Total additions	54,317,155	41,297,139
Deductions		
Benefits paid directly to participants	7,536,547	7,645,209
Purchase of annuity contracts	11,271,000	10,485,877
Administrative fees	2,037,649	2,985,776
Total deductions	20,845,196	21,116,862
Net (decrease) increase	33,471,959	20,180,277
Net assets available for benefits at beginning of year	247,290,111	227,109,834
Net assets available for benefits at end of year	$ 280,762,070	$ 247,290,111

See accompanying notes to financial statements.

Note 1. Description of Plan

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

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

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

Contributions
The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Contributions to the Plan by the Employer for the funding of current and past service cost of benefits are determined by the Plan's actuary.

In 2017, the Employer made cash contributions of $11,271,000 related to the 2017 plan year and $9,000,000 related to the 2016 plan year. The $9,000,000 contributions related to the 2016 plan year was included as employer contributions and an employer contributions receivable in the 2016 financial statements.

The Plan has met the minimum funding requirements of ERISA during 2017 and 2016.

Pension Benefits
Pension benefits under the Plan are as follows:

- Employees hired before June 1, 2004 will receive the grandfathered pension benefit. The amount of the benefit is based on a formula that uses their final average salary, social security covered compensation and continuous service through December 31, 2013 (or if earlier, their date of termination).

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

Purchase of Annuity Contracts
In the fourth quarter of 2016, the Plan was amended to allow for the benefits of certain retirees or beneficiaries to be transferred to a third-party annuity provider. As a result, in December 2017 and 2016, the Plan purchased annuity contracts with a third-party insurance carrier for $11,271,000 and $10,485,877, respectively, and transferred the related obligations to the carrier.

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

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

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

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

Note 2. Summary of Significant Accounting Policies

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

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

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

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

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

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

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

Effective December 31, 2013, all employees hired before June 1, 2004 will also accrue future pension benefits the same as those employees hired after June 1, 2004. This benefit was modified for entrants hired or rehired on or after July 1, 2015 as described above.

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

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

Note 3. Fair Value Measurements

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

- Level 1 - inputs to the valuation are unadjusted quoted prices in active markets for identical assets or liabilities for which the Plan has the ability to access as of the reporting date.

- Level 2 - valuation inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

- Level 3 - valuation inputs are unobservable inputs, such as internally-developed pricing models for the asset due to little or no market activity for the asset.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Cash and cash equivalents include certain assets held in short-term investment funds. These assets are valued at cost which approximates market price in active markets. They have been categorized as Level 1.

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

Common and preferred stocks that are traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. They have been categorized as Level 1.

Fixed income securities (corporate bonds and U.S. Treasury notes and other government bonds) are valued using pricing models maximizing the use of observable inputs for similar securities. They have been categorized as Level 2.

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

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total fair value at December 31, 2017
Investment assets:				
Cash and cash equivalents	$ 7,060,985	$ —	—	$ 7,060,985
Corporate stocks - common and preferred	99,444,573	—	—	99,444,573
Mutual funds	79,340,509	—	—	79,340,509
Corporate bonds	—	76,978,186	—	76,978,186
Government bonds	366,993	4,194,409	—	4,561,402
State and local obligations	—	527,688	—	527,688
Total Investments at Fair Value	186,213,060	81,700,283	—	267,913,343
Common collective trust investments measured at NAV	—	—	—	11,774,691
Total Investments	$ 186,213,060	$ 81,700,283	—	$ 279,688,034

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

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2017 and 2016, respectively.

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective fund	$11,774,691	$-0-	Daily	None

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

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

Note 4. Information Certified by the Trustee

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

- Investments, as shown in the statements of net assets available for Plan benefits as of December 31, 2017 and 2016.
- Investment income, as shown in the statements of changes in net assets available for Plan benefits for the years ended December 31, 2017 and 2016.
- The schedule of assets (held at end of year) as of December 31, 2017, schedule of assets (acquired and disposed of within year) - year ended December 31, 2017, and schedule of reportable transactions for the year ended December 31, 2017.

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

Note 5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was calculated by the Plan's actuary as of January 1, 2017. The present value of accumulated plan benefits results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

	January 1, 2017
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired employees receiving benefits	$ 69,077,978
Active and terminated employees not receiving benefits	170,423,983
Non-vested benefits	585,845
Total actuarial present value of accumulated plan benefits	$ 240,087,806

	Year Ended January 1, 2017
Actuarial present value of accumulated plan benefits at beginning of year	$ 233,211,251
Increase (decrease) during the year attributed to:	
Change in assumptions	10,438,668
Increase for interest due to the decrease in the discount period	10,450,000
Benefits accumulated (including actuarial gains and losses)	4,118,973
Benefits paid	(18,131,086)
Net Decrease	6,876,555
Total actuarial present value of accumulated plan benefits	$ 240,087,806

Some of the actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of January 1, 2017 and 2016, are as follows:

Rate of return on investments:	6.25%
Discount rate [(a)]:	4.37% - 2017 and 4.66% – 2016
Retirement age:	Age 65 or immediately if participant is age 65 or over
Mortality	IRS 2016 Static Mortality Table
Actuarial Cost Method	Projected Unit Credit Cost Method

Termination and mortality prior to retirement:

Attained Age	Termination	Mortality			
		Males		Females	
		Non-annuitant	Annuitant[(a)]	Non-annuitant	Annuitant[(a)]
20	15%	0.0190%	0.0190%	0.0116%	0.0116%
25	13%	0.0275%	0.0275%	0.0134%	0.0134%
30	10%	0.0380%	0.0380%	0.0193%	0.0193%
40	7%	0.0841%	0.0841%	0.0442%	0.0442%

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

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

Note 6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated May 31, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and, therefore, the related trust is exempt from taxation. An amendment to the plan was implemented subsequent to the date of the determination letter based on the recommendation of the IRS. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

Note 7. Personal Retirement Accounts

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

Note 8. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Note 9. Subsequent Events

The Employer has evaluated these annual financial statements for disclosure of subsequent events through October 8, 2018, the date on which the financial statements were available to be issued, and has identified no material subsequent events.

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2017

Attained Age	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total	
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg Pay
<25			39	40,312	4																43	40,233
25-29			194	47,762	52	50,217	3														249	48,275
30-34			134	53,748	118	61,230	53	59,283	1												306	57,573
35-39			88	66,692	121	60,222	113	68,004	50	71,170	2										374	65,638
40-44			109	61,451	80	64,674	104	69,085	116	79,342	35	79,996	2								446	70,118
45-49			91	70,954	77	65,977	104	78,602	113	84,112	86	89,464	32	78,949	2						505	78,430
50-54			79	74,054	67	67,752	62	71,477	81	83,089	65	94,525	66	97,831	23	83,748	3				446	81,329
55-59			50	66,103	47	74,779	52	65,830	85	71,701	46	96,078	38	108,627	31	100,553	20	103,327			369	81,487
60-64			30	56,014	28	58,460	25	68,622	38	76,629	22	81,111	32	76,688	13		11		5		204	74,481
65-69			6		7		10		11		10		8		7				2		61	68,603
70&Up			1		1		2		2		1		3								10	
Total			820	58,806	601	62,542	528	69,134	497	77,919	267	88,758	181	91,757	76	97,070	34	98,593	7		3,011	70,688

Statement of Actuarial Assumptions

Valuation Date	January 1, 2017
Employees Included in Valuation	All participants as of January 1, 2017.
Funding Mortality (other than for determining the value of lump sum)	IRS 2017 Static Mortality Table
Termination	For termination after three years of employment, illustrative rates for termination are shown below:

Attained Age	Annual Rates of Termination
20-24	20%
25-29	20%
30-34	12%
35-39	10%
40+	7%

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

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

Retirement

Age	Rate
55 – 57	7%
58-59	7%
60-61	10%
62	10%
63-64	15%
65	20%
66-69	30%
70+	100%

Valuation Salary	Expected 2017 Base Salary provided by Anixter. If expected 2017 Base Salary was not available, actual 2016 Base Salary increased with salary scale was used. Actual salary and bonus (if applicable for participants hired before June 1, 2004) prior to 2014.
Marital Status	80% of participants are assumed to be married, with the female participant assumed to be the same age their spouse and the male participant assumed to be 2 years older than their spouse.
Annual Benefit for Terminated Vested Participants	For those terminated vested participants who had not had their final accrued benefit calculated, an estimated accrued benefit was used.

Statement of Actuarial Assumptions (continued)

Social Security Wage Base Increase	N/A. The benefit formula that incorporated the Social Security wage base used to determine covered compensation was frozen effective as of December 31, 2013.
IRC Section 401(a)(17) Salary Cap Increases	$270,000 in 2017. This limit is assumed to remain constant in the future for funding purposes.
IRC Section 415(b) Maximum Benefit	$215,000 in 2017. This limit is assumed to remain constant in the future for funding purposes.
Lump Sum Election Rate	The timing of lump sum elections is based on status and elapsed time from termination and rates are illustrated below:

Status	Does not Defer	Defer 1 Year	Defer 2 Years	Defer to age 65
Active	40%	20%	20%	20%
Terminated within 1 year	20%	20%	0%	60%
Terminated within 2 years	20%	0%	0%	80%
Terminated 2 or more years ago	0%	0%	0%	100%

Form of Payment (for those not electing a lump sum)	Final Average Pay (FAP) active or terminated vested participants, 45% will elect a single life annuity, 25% will elect a Joint & 50% Survivor annuity, and 30% will elect a Joint & 100% Survivor annuity.
Salary Scale	Salaries increase at rates that vary by attained age, as illustrated below:

Attained Age	Salary Scale
<30	6.00%
30 to 34	5.00%
35 to 39	4.50%
40 to 44	4.00%
45 to 49	3.50%
50 to 54	3.00%
55 to 59	2.50%
60+	2.50%

Valuation Interest Rate	January 2017 MAP-21 segment rates amended by HATFA (4.16%, 5.72%, 6.48%). January 2017 Pre MAP-21 segment rates (1.52%, 3.80%, 4.79%) for maximum tax deductible contribution purposes.
Lump Sum Determination	January 2017 segment rates and 2017 applicable Section 417(e) mortality table (2017 IRS Lump Sum Mortality Table).
Provision for Expense	Normal cost is increased by $1,400,000 to provide for administrative expenses.
Changes Since the Prior Valuation	The interest rate was updated from the January 2016 MAP-21 segment rates amended by HAFTA to the January 2017 MAP-21 segment rates amended by HATFA. The funding mortality was updated to the 2017 IRS Static Mortality Table. The lump sum mortality was updated to the IRS 2017 Lump Sum Mortality Table. The salary scale assumption decreased at certain ages ranging from 2.00% (earlier ages) to 0.50% (later ages).

Statement of Actuarial Assumptions (continued)

Changes Since the Prior Valuation	The retirement rates were slightly decreased for specific ages below 65, decreased to 20% at age 65, increased to 30% for ages 66 to 69, and remained unchanged at age 70
	The termination rates increased for ages 34 and below (new rates range from 2% to 7% depending on age)
	The timing of when active participants elect a lump sum of their PRA benefit changed to the following: 40% will elect an immediate lump sum, 20% will defer the lump sum for 1 year, 20% will defer the lump sum for 2 years, and 20% will defer the lump sum until age 65.
	The timing of when terminated vested participants elect a lump sum of their PRA benefit changed to the following: 20% elect a lump sum after 1 year of inactive status, 20% elect a lump sum after 2 years of inactive status, and 60% defer the lump sum until age 65.
	The assumed beneficiary age difference for female participants was updated from a 2 year to 0 year difference.

Statement of Actuarial Methods

1. Actuarial Cost Method

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

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

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

2. Asset Valuation Method

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

Statement of Actuarial Assumptions Rationale

Valuation Interest Rates	The interest rate assumption used is prescribed by IRC Section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Termination	Termination rates are based on the plan sponsor's historical experience based on an experience study completed in 2017 (using actual plan experience from 2012 through 2016) and expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Retirement	Retirement rates are based on the plan sponsor's historical experience based on an experience study completed in 2017 (using actual plan experience from 2012 through 2016) and expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Marital Status and Spouse Age Difference	These assumptions are based on the plan sponsor's historical experience based on an experience study completed in 2017 (using actual plan experience from 2012 through 2016). This assumption is not expected to generate material actuarial gains or losses.
Lump Sum Election Rate	This assumption is based on the plan sponsor's historical experience based on an experience study completed in 2017 (using actual plan experience from 2012 through 2016) and is also based on best expectations given the plan provisions.
Form of Payment	This assumption is based on the plan sponsor's historical experience based on an experience study completed in 2017 (using actual plan experience from 2012 through 2016) and is also based on best expectations given the plan provisions.
Salary Scale	This assumption is set considering underlying inflation and historical salary increases based on an experience study completed in 2017 (using actual plan experience from 2012 through 2016).
Expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.

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

Year ended December 31, 2017
EIN 36-2361285; Plan #010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single transactions in excess of 5% of plan assets						
	No reportable transactions					
Category (ii) – There were no series of transactions with the same person in excess of 5% of plan assets						
Category (iii) – Series of transactions in excess of 5% of plan assets						
	BNY Mellon Cash Reserve	13,633,804	13,633,804	13,633,804	13,633,804	—
	EB Temp Investment Fund	47,416,147	47,670,844	47,670,844	47,416,147	—
Category (iv) – There were no transactions with the same person in excess of 5% of plan assets						

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
ANIXTER INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 010

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

D Employer Identification Number (EIN)
36-2361285

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	2a	247,077,261
b Actuarial value	2b	247,077,261

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	582	59,311,378	59,311,378
b For terminated vested participants	2,100	43,587,562	43,587,562
c For active participants	3,011	79,858,771	80,363,782
d Total	5,693	182,757,711	183,262,722

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.01%
6 Target normal cost	6	4,009,088

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

July 24, 2018
Date

CINDY FRATERRIGO
Type or print name of actuary

1706229
Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP
Firm name

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

ONE NORTH WACKER

CHICAGO IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		18,171,468
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.20%		1,126,631
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		19,298,099
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	134.82%
15	Adjusted funding target attainment percentage	15	132.93%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	125.20%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/05/2017	11,271,000				
			Totals ► 18(b)	11,271,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10,678,145

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16 %	5.72 %	6.48%	☐ N/A, full yield curve used

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

22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	4,009,088
b Excess assets, if applicable, but not greater than line 31a	**31b**	4,009,088

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	10,678,145
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	10,678,145
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

I. Description of Weighted Average Retirement Age

Attached.

II. Statement of Actuarial Assumptions/Methods

Attached.

III. Summary of Plan Provisions

Attached.

IV. Change in Actuarial Assumptions

Attached.

V. Schedule of Active Participant Data

Attached.

VI. Schedule of Amortization Bases

None. (not applicable to Anixter)

Description of Weighted Average Retirement Age

Age	Retirement Rates	Lives Remaining	Retired	Weighted Age
55	7%	93.00	7.000	385.00
56	7%	86.49	6.510	364.56
57	7%	80.44	6.054	345.08
58	7%	74.81	5.631	326.60
59	7%	69.57	5.236	308.92
60	10%	62.61	6.957	417.42
61	10%	56.35	6.261	381.92
62	10%	50.72	5.635	349.37
63	15%	43.11	7.607	479.24
64	15%	36.64	6.466	413.82
65	20%	29.31	7.329	476.39
66	30%	20.52	8.794	580.40
67	30%	14.36	6.156	412.45
68	30%	10.06	4.309	293.01
69	30%	7.04	3.016	208.10
70	100%	0.00	7.039	492.73
		Total	100.00	6,235.02
		Average		**62**

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) Identity of Issuer	(b) Description of Investment	(c) Costs of acquisitions	(d) Proceeds of dispositions
Arcelik AS	Common Stock	$52,743	$48,591
China General Plastics Corp	Common Stock	57,461	56,680
Winstron Corp	Common Stock	122,250	140,320
President Chain Store Corp	Common Stock	97,996	91,760
GFPT PCL	Common Stock	55,953	44,613
Supalai Public Co	Common Stock	14,656	18,160
China Gas Holdings Ltd	Common Stock	93,142	130,443
Agile Group Holdings Ltd	Common Stock	117,687	173,524
China Resources Cement Holding	Common Stock	56,264	46,596
CIFI Holdings Group Co Ltd	Common Stock	87,832	114,254
LG Display Co Ltd	Common Stock	179,576	172,148
Astra International TBK PT	Common Stock	199,123	181,589
Novus Holdings ltd	Common Stock	578	570
Bid Corp Ltd	Common Stock	290,041	279,677
Equatorial Energia SA	Common Stock	141,788	130,169
Itausa - Investimentos ITAU SA	Common Stock	—	940
Rumo SA	Common Stock	33,392	83,041
Anheuser Busch	Corporate Bonds 4.439% 10/06/2048 DD 04/06/17	822	812
Broadcom Corp	Corporate Bonds 3.875% 01/15/2027 DD 01/19/17	378,320	385,996
Comcast Corp	Corporate Bonds 4.049% 11/01/2052 DD 10/19/17	836	807
Hasbro Inc	Corporate Bonds 3.500% 09/15/2027 DD 09/13/17	69,912	69,225
US 10YR Ultra Future (CBT)	Other	—	10,087
US 10YR Ultra Future (CBT)	Other	—	11,424
US 10YR Ultra Future (CBT)	Other	—	(11,702)
US Treas BD Future (CBT)	Other	—	79,109
US Treas BD Future (CBT)	Other	—	187,695
US Treas BD Future (CBT)	Other	—	(84,151)
US Ultra Bond (CBT)	Other	—	(61,712)
US Ultra Bond (CBT)	Other	—	(177,442)
US Ultra Bond (CBT)	Other	—	51,643

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

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

Retirement and Termination Benefits:

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

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

Normal Form of Benefit Payment

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

Supplemental Schedules

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
BNY Mellon Trust Company of Illinois*			
Cash equivalents:			
Collective Short Term Investment Fund	5,955,156	$ 5,955,156	$ 5,955,156
Cash In Account		1,105,829	1,105,829
Total cash equivalents		7,060,985	7,060,985
Common collective trust:			
Columbia Management High Yield	771,605	10,000,000	11,774,691
Total common collective trusts		10,000,000	11,774,691
Common stocks:			
3M Co	4,686	692,061.07	1,102,943.82
Abbott Laboratories	10,253	423,659.55	585,138.71
Abbvie Inc	12,978	777,868.59	1,255,102.38
Adaro Energy Tbk Pt	762,900	57,653.40	104,588.37
Air China Ltd	88,000	90,186.77	106,717.15
Airasia Group Bhd	88,200	51,802.64	73,009.64
Airtac International Group	8,000	100,198.61	143,824.45
Alibaba Group Holding Ltd	7,600	762,065.70	1,310,468.00
Alphabet Inc-Cl A	3,177	2,196,478.68	3,346,651.80
America Movil Sab De Cv	30,600	504,424.89	524,790.00
Amgen Inc	4,640	853,331.80	806,896.00
Apple Inc	21,604	2,297,110.42	3,656,044.92
Arca Continental Sab De Cv	10,000	69,077.82	69,474.33
Baidu Inc	1,400	340,446.16	327,894.00
Banco Bradesco Sa	9,394	73,868.34	96,194.56
Banco Do Brasil Sa	26,400	207,369.98	253,247.72
Banco Santander Brasil Sa	35,000	285,277.71	336,378.16
Bank Central Asia Tbk Pt	59,100	57,797.02	95,396.94
Bank Of China Ltd	973,000	419,834.71	477,955.30
Barclays Africa Group Ltd	18,019	195,544.05	264,885.12
Berkshire Hathaway Inc	6,180	838,472.60	1,224,999.60
Bim Birlesik Magazalar As	5,138	100,998.17	105,833.37
Brilliance China Automotive Ho	134,000	242,740.28	358,256.69
Broadridge Financial Solutions	11,420	764,944.73	1,034,423.60
Catcher Technology Co Ltd	16,000	191,402.63	176,352.97

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Cboe Global Markets Inc	5,538	371,500.77	689,979.42
Celgene Corp	15,500	1,737,317.57	1,617,580.00
Cerner Corp	20,890	1,334,486.66	1,407,777.10
China Cinda Asset Management C	195,000	75,916.23	71,341.77
China Communications Construct	387,000	499,434.31	439,609.58
China Conch Venture Holdings L	58,000	134,196.25	134,291.89
China Construction Bank Corp	809,000	574,376.65	745,116.60
China Overseas Land & Investme	54,000	197,775.30	173,730.06
China Railway Group Ltd	295,000	270,765.70	218,118.79
China Shenhua Energy Co Ltd	201,000	466,453.26	520,672.10
Cia De Minas Buenaventura Saa	6,500	100,795.88	91,520.00
Cimb Group Holdings Bhd	219,700	279,555.97	355,037.81
Citrix Systems Inc	6,880	432,466.57	605,440.00
Cj Cheiljedang Corp	248	80,002.47	84,786.30
Clorox Co/The	6,790	927,623.15	1,009,944.60
Cnooc Ltd	271,000	373,588.91	388,960.38
Coca-Cola Co/The	27,598	1,137,703.97	1,266,196.24
Comcast Corp	37,656	1,131,489.78	1,508,122.80
Cooper Cos Inc/The	4,140	815,944.70	902,023.20
Costco Wholesale Corp	3,002	447,159.32	558,732.24
Credicorp Ltd	1,100	144,528.96	228,173.00
Ctbc Financial Holding Co Ltd	544,000	343,556.75	374,750.07
Daelim Industrial Co Ltd	1,682	130,154.96	129,463.13
Danaher Corp	7,973	516,018.41	740,053.86
Dell Technologies Inc Class V	2,955	133,136.79	240,182.40
Dr Pepper Snapple Group Inc	4,500	406,800.13	436,770.00
E Ink Holdings Inc	179,000	167,074.78	288,724.23
Ecolab Inc	11,973	1,450,319.56	1,606,537.14
Enel Americas Sa	11,400	99,661.15	127,338.00
Estacio Participacoes Sa	25,500	236,024.92	252,301.71
Expeditors International Of Wa	23,640	1,168,227.62	1,529,271.60
F5 Networks Inc	7,790	1,070,896.88	1,022,203.80
Fedex Corp	3,439	530,450.73	858,168.06
Fibria Celulose Sa	13,400	137,921.62	193,298.36
Fiserv Inc	7,330	940,089.56	961,182.90
Fleury Sa	9,000	51,261.49	80,338.25
Fomento Economico Mexicano Sab	2,100	192,695.37	197,190.00

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Fortive Corp	9,591	482,450.57	693,908.85
Foxconn Technology Co Ltd	49,035	152,285.48	140,389.53
Gazprom Pjsc	50,959	241,147.81	224,729.19
Geely Automobile Holdings Ltd	81,000	93,331.32	280,800.28
Globalwafers Co Ltd	8,000	105,473.24	106,860.22
Grand Pacific Petrochemical	110,000	99,529.69	116,252.50
Gruma Sab De Cv	11,435	149,896.36	145,702.67
Grupo Financiero Banorte Sab D	50,600	271,338.87	278,868.31
Guangzhou Automobile Group Co	142,000	282,047.91	336,412.83
Hana Financial Group Inc	10,417	235,050.16	484,579.36
Hdfc Bank Ltd	4,900	272,494.50	498,183.00
Hiwin Technologies Corp	36,000	348,118.08	389,535.76
Home Depot Inc/The	10,265	1,241,476.43	1,945,525.45
Hon Hai Precision Industry Co	222,180	608,568.99	710,772.92
Honeywell International Inc	11,460	1,153,847.41	1,757,505.60
Hyundai Development Co-Enginee	3,021	149,939.07	108,784.75
Icici Bank Ltd	32,890	237,868.29	320,019.70
Illinois Tool Works Inc	6,100	792,622.47	1,017,785.00
Industrial & Commercial Bank O	323,000	196,909.18	259,894.08
Industrial Bank Of Korea	10,257	115,764.96	157,608.33
Industrias Penoles Sab De Cv	2,960	44,772.70	61,974.60
Infosys Ltd	20,900	342,621.77	338,998.00
Intel Corp	36,870	1,252,109.31	1,701,919.20
Itau Unibanco Holding Sa	13,607	162,601.94	176,891.00
Jd.Com Inc	7,300	284,546.70	302,366.00
Johnson & Johnson	11,093	1,054,544.61	1,549,913.96
Kasikornbank Pcl	18,700	99,419.37	137,137.16
Kb Financial Group Inc	8,790	292,666.27	520,560.30
Kghm Polska Miedz Sa	4,881	141,263.48	156,200.99
Kingboard Chemical Holdings Lt	17,000	34,031.22	91,879.55
Korean Air Lines Co Ltd	3,119	105,628.47	98,620.44
Kroton Educacional Sa	36,700	170,088.77	203,575.41
Kwg Property Holding Ltd	161,500	93,441.22	188,619.47
Laboratory Corp Of America Hol	8,546	1,060,342.68	1,363,172.46
Lg Electronics Inc	3,410	238,158.11	337,639.42
Lockheed Martin Corp	3,430	1,000,055.31	1,101,201.50
Lojas Renner Sa	6,710	49,726.84	71,790.99

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Lonking Holdings Ltd	176,000	54,384.80	77,223.59
Lotte Chemical Corp	724	224,771.03	248,873.86
Malayan Banking Bhd	85,100	173,371.17	206,073.63
Malaysia Airports Holdings Bhd	35,000	57,266.12	76,019.27
Marsh & Mclennan Cos Inc	18,205	1,011,182.04	1,481,704.95
Mastercard Inc	10,487	961,088.53	1,587,312.32
Mccormick & Co Inc/Md	16,134	1,455,761.58	1,644,215.94
Mcdonald'S Corp	8,660	979,796.97	1,490,559.20
Mediatek Inc	15,000	169,064.00	148,192.95
Merry Electronics Co Ltd	24,000	149,498.79	156,862.74
Microsoft Corp	39,092	1,846,603.65	3,343,929.68
Mol Hungarian Oil & Gas Plc	13,856	111,756.66	161,177.41
Mondi Ltd	6,174	169,060.11	159,222.37
Mrv Engenharia E Participacoes	53,200	217,931.69	241,213.11
Naspers Ltd	3,724	556,608.00	1,038,087.56
Netease Inc	624	103,791.32	215,323.68
Nike Inc	26,890	1,468,143.03	1,681,969.50
Nine Dragons Paper Holdings Lt	61,000	44,964.43	97,696.14
Oracle Corp	30,148	1,209,681.92	1,425,397.44
Otp Bank Nyrt	5,827	160,547.61	241,802.97
Pegatron Corp	66,000	175,965.90	159,685.47
Petrochina Co Ltd	532,000	366,090.88	370,895.32
Petronas Chemicals Group Bhd	182,100	313,255.11	346,471.46
Pharmaengine Inc	20,156	96,105.49	103,291.16
Picc Property & Casualty Co Lt	194,000	411,208.24	372,747.62
Posco	3,200	174,585.62	250,016.00
Ptt Global Chemical Pcl	66,000	123,181.09	172,138.69
Ptt Pcl	17,900	215,745.66	240,570.73
Qualicorp Sa	26,800	224,138.05	250,459.74
Samsung Electronics Co Ltd	845	1,079,514.91	2,011,171.19
Sanlam Ltd	22,914	130,510.72	161,027.30
Sinopec Shanghai Petrochemical	212,000	91,673.98	120,681.05
Sinopharm Group Co Ltd	27,200	92,358.55	117,605.82
Sk Hynix Inc	8,886	385,504.95	634,980.88
Sk Telecom Co Ltd	1,066	241,540.55	265,865.13
Starbucks Corp	26,186	1,530,907.83	1,503,861.98
State Bank Of India	3,089	123,482.62	150,434.30

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Sunny Optical Technology Group	17,000	158,898.46	217,248.92
Supalai Pcl	120,200	70,836.38	87,411.48
Suzano Papel E Celulose Sa	26,500	166,476.47	149,312.65
Taiwan Semiconductor Manufactu	36,800	1,166,664.21	1,459,120.00
Tata Motors Ltd	17,400	615,469.29	575,418.00
Tekfen Holding As	57,250	135,133.22	256,685.83
Tenaga Nasional Bhd	46,700	171,176.34	176,091.43
Tencent Holdings Ltd	44,500	932,981.66	2,311,156.02
Tianneng Power International L	72,000	54,439.21	74,787.97
Tjx Cos Inc/The	22,116	1,614,292.65	1,690,989.36
Turk Hava Yollari Ao	86,157	347,543.59	356,525.83
Turkiye Garanti Bankasi As	32,613	87,375.92	92,206.82
Union Pacific Corp	8,180	892,551.26	1,096,938.00
Unitedhealth Group Inc	8,562	1,000,191.32	1,887,578.52
Vale Sa	44,200	323,991.25	540,566.00
Varian Medical Systems Inc	8,170	631,527.53	908,095.50
Vedanta Ltd	14,500	257,402.74	302,035.00
Verisk Analytics Inc	8,392	639,817.38	805,632.00
Verizon Communications Inc	38,995	1,725,866.26	2,064,005.35
Vmware Inc	7,180	704,892.55	899,797.60
Walt Disney Co/The	15,063	1,557,990.20	1,619,423.13
West China Cement Ltd	628,000	91,920.04	93,991.53
Winbond Electronics Corp	169,000	103,930.02	133,173.71
Itausa - Investimentos Itau Sa	47,300	113,527.58	154,287.18
Petroleo Brasileiro Sa	27,300	247,969.48	268,359.00
Total common stock		76,072,078	99,444,573
Mutual funds:			
Ishares Core S&P Midcap ETF	270,519	40,692,509	51,339,096
Ishares Russell 2000 ETF	183,664	21,916,949	28,001,413
Total mutual funds		62,609,458	79,340,509
Corporate bonds:			
21St Century Fox America Inc	165,000	205,548.65	226,942.65
Abbott Laboratories	265,000	262,935.65	303,822.50
Abbvie Inc	215,000	213,555.20	233,705.00
Agrium Inc	205,000	205,232.30	234,933.10

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Alabama Power Co	720,000	700,371.70	756,088.50
Altria Group Inc	395,000	389,134.25	391,962.45
Amazon.Com Inc	375,000	368,385.00	455,835.00
Amazon.Com Inc 144A	340,000	339,153.40	360,774.00
American International Group I	155,000	154,065.35	166,950.50
Anadarko Petroleum Corp	100,000	121,240.00	121,255.00
Anheuser-Busch Inbev Finance I	1,150,000	1,170,933.45	1,307,637.00
Anheuser-Busch Inbev Worldwide	178,000	180,346.04	193,911.42
Anthem Inc	605,000	643,584.05	700,292.15
Apache Corp	110,000	104,984.40	117,192.90
Apple Inc	735,000	754,599.80	828,799.50
Applied Materials Inc	180,000	179,393.40	216,423.00
Archer-Daniels-Midland Co	275,000	261,129.00	290,966.50
At&T Inc	3,081,000	3,125,127.68	3,083,085.52
Avon Products Inc	345,000	354,256.35	261,768.75
Baidu Inc	220,000	211,530.00	223,170.20
Baker Hughes A Ge Co Llc 144A	175,000	175,000.00	177,987.25
Baltimore Gas & Electric Co	530,000	571,292.60	588,112.55
Banco Santander Sa	400,000	400,000.00	432,000.00
Bank Of America Corp	715,000	907,298.30	991,508.05
Barclays Plc	340,000	339,184.00	392,213.80
Barrick North America Finance	120,000	99,696.80	147,450.00
Barrick Pd Australia Finance P	50,000	42,318.45	62,372.50
Bat Capital Corp 144A	405,000	405,000.00	425,290.50
Berkshire Hathaway Finance Cor	450,000	494,079.00	553,128.30
Bg Energy Capital Plc 144A	325,000	356,495.75	389,389.00
Boeing Co/The	290,000	393,808.40	414,424.50
Burlington Northern Santa Fe L	670,000	701,822.90	795,888.80
Canadian National Railway Co	240,000	253,192.80	272,085.60
Canadian Natural Resources Ltd	125,000	124,902.50	139,892.50
Caterpillar Inc	170,000	210,772.80	227,147.20
Celgene Corp	215,000	214,425.95	223,326.95
Cenovus Energy Inc	200,000	178,130.00	184,650.00
Charter Communications Operati	205,000	204,934.40	210,196.75
Children'S Hospital Medical Ce	235,000	235,000.00	255,837.45
Chubb Corp/The	145,000	180,742.50	193,386.50
Chubb Ina Holdings Inc	285,000	277,408.29	309,470.10

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Cisco Systems Inc	450,000	532,090.55	604,457.95
Citigroup Inc	1,045,000	1,166,265.95	1,262,472.20
City Of Hope	330,000	380,618.70	420,773.10
Cleveland Clinic Foundation/Th	240,000	240,000.00	269,884.80
Colgate-Palmolive Co	190,000	189,536.40	203,486.20
Comcast Corp	1,329,000	1,395,885.50	1,509,470.37
Concho Resources Inc	90,000	89,774.10	97,868.70
Conocophillips	465,000	577,518.85	592,113.65
Conocophillips Co	135,000	133,618.95	181,846.35
Consolidated Edison Co Of New	360,000	374,796.00	410,148.00
Cooperatieve Rabobank Ua	335,000	376,429.45	422,465.15
Cox Communications Inc 144A	60,000	59,898.60	58,634.40
Dell International Llc / 144A	300,000	320,418.93	371,101.35
Diamond Offshore Drilling Inc	255,000	209,100.00	186,150.00
Discovery Communications Llc	160,000	162,320.25	166,995.20
Domtar Corp	165,000	176,027.25	181,019.85
Duke Energy Carolinas Llc	175,000	175,610.75	192,612.00
Duke Energy Indiana Llc	535,000	568,703.05	599,220.30
Duke Energy Progress Llc	270,000	356,640.30	370,710.00
Eaton Corp	210,000	206,759.70	216,837.60
Ebay Inc	275,000	250,610.65	253,937.75
Embraer Netherlands Finance Bv	220,000	219,507.10	234,500.00
Energy Transfer Partners Lp	450,000	506,330.25	500,882.25
Enlink Midstream Partners Lp	70,000	67,466.70	69,139.70
Enterprise Products Operating	175,000	210,647.50	215,993.75
Enterprise Services Llc	210,000	251,472.40	261,000.60
Erac Usa Finance Llc 144A	200,000	258,414.00	267,450.00
Expedia Group Inc	170,000	166,481.95	170,948.85
Express Scripts Holding Co	130,000	129,772.50	138,292.70
Exxon Mobil Corp	430,000	460,415.60	481,273.20
Fedex Corp	195,000	194,143.95	214,150.95
Florida Power & Light Co	245,000	240,234.75	267,887.90
Fomento Economico Mexicano Sab	436,000	406,853.40	459,164.68
Ford Motor Co	570,000	650,903.87	666,752.75
Ge Capital International Fundi	1,010,000	941,466.30	1,093,082.60
General Dynamics Corp	235,000	211,579.90	240,611.80
General Electric Co	620,000	707,769.00	757,571.60

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
General Motors Co	350,000	346,004.80	375,665.30
General Motors Financial Co In	50,000	46,257.00	51,373.50
Georgia-Pacific Llc	270,000	349,396.20	359,283.60
Gilead Sciences Inc	725,000	758,922.05	824,753.40
Glaxosmithkline Capital Inc	275,000	358,171.70	387,950.75
Glencore Finance Canada L 144A	195,000	195,329.55	215,463.30
Goldcorp Inc	360,000	358,261.20	419,061.60
Goldman Sachs Group Inc/The	885,000	1,032,165.60	1,161,216.40
Hasbro Inc	120,000	141,547.20	144,397.20
Home Depot Inc/The	460,000	529,662.40	585,869.80
Honeywell International I 144A	205,000	218,288.10	213,169.25
Hsbc Bank Usa Na/New York Ny	250,000	289,650.00	322,437.50
Hsbc Holdings Plc	750,000	789,525.60	840,142.20
Hutchison Whampoa Interna 144A	230,000	246,461.10	244,368.10
Iberdrola International Bv	115,000	141,284.40	151,727.55
Intel Corp	190,000	201,363.90	209,342.00
Intel Corp 144A	290,000	279,549.91	301,147.60
Intercontinental Exchange Inc	355,000	377,553.15	378,533.66
International Business Machine	540,000	512,379.00	571,870.80
Interstate Power & Light Co	190,000	245,875.50	254,410.00
Jefferies Group Llc	325,000	348,690.50	382,303.25
Johnson & Johnson	580,000	583,975.70	611,314.20
Johnson Controls International	145,000	136,537.80	159,726.20
Jpmorgan Chase & Co	1,040,000	1,144,675.30	1,265,478.65
Kellogg Co	220,000	217,806.60	233,402.40
Kinder Morgan Energy Partners	300,000	288,429.00	304,440.00
Kla-Tencor Corp	90,000	89,725.70	103,995.00
Koninklijke Ahold Delhaize Nv	175,000	202,380.65	205,537.50
Kraft Heinz Foods Co	180,000	179,431.20	178,299.00
Lear Corp	130,000	129,082.20	130,111.80
Lincoln National Corp	140,000	177,328.20	180,454.40
Lowe'S Cos Inc	855,000	877,595.89	925,751.90
Lyondellbasell Industries Nv	130,000	127,858.90	137,572.50
Marathon Oil Corp	35,000	34,979.35	38,793.65
Marsh & Mclennan Cos Inc	190,000	210,190.40	229,926.70
Mattel Inc	130,000	140,654.80	107,575.00
Mcdonald'S Corp	235,000	233,846.15	255,776.35

Anixter Inc. Pension Plan

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

December 31, 2017

EIN 36-2361285; Plan #010

(a) (b) (c) Identity of Issuer / Description of Investment	(c) Shares / Face Value	(d) Cost	(e) Current Value
Medtronic Inc	445,000	514,497.60	536,940.45
Merck & Co Inc	235,000	233,648.75	245,325.90
Metlife Inc	720,000	764,296.93	832,945.80
Mexico City Airport Trust 144A	200,000	198,796.00	197,500.00
Microsoft Corp	1,550,000	1,594,651.85	1,717,275.60
Molson Coors Brewing Co	185,000	183,810.45	188,518.70
Moody'S Corp	175,000	177,910.25	211,393.00
Morgan Stanley	695,000	755,220.40	787,315.90
Motiva Enterprises Llc 144A	160,000	210,766.40	200,937.60
Mplx Lp	60,000	59,582.40	65,845.80
Mylan Nv	155,000	154,975.20	169,835.05
Newcrest Finance Pty Ltd 144A	280,000	239,134.00	320,311.60
Nike Inc	375,000	371,512.50	392,696.25
Nisource Inc	150,000	180,595.50	194,121.00
Noble Energy Inc	285,000	283,982.55	304,995.60
Novartis Capital Corp	180,000	176,452.20	195,532.20
Nyu Langone Hospitals	315,000	314,953.25	359,950.50
Occidental Petroleum Corp	100,000	98,929.00	113,362.00
Oracle Corp	650,000	704,562.70	759,568.40
Pacific Gas & Electric Co	635,000	718,451.70	765,905.25
Pepsico Inc	880,000	881,755.60	942,256.65
Petrobras Global Finance Bv	190,000	163,385.60	169,791.60
Pfizer Inc	360,000	364,492.80	413,215.20
Philip Morris International In	555,000	651,774.65	702,554.55
Plains All American Pipeline L	125,000	124,807.50	128,811.25
Pnc Financial Services Group I	175,000	178,696.00	179,679.50
Ppg Industries Inc	320,000	387,180.80	391,811.20
Progressive Corp/The	345,000	438,726.15	445,981.50
Prudential Financial Inc 144A	339,934	349,513.08	347,551.67
Public Service Co Of Colorado	195,000	214,691.10	226,870.80
Public Service Electric & Gas	270,000	246,566.70	277,433.10
Puget Sound Energy Inc	485,000	615,217.65	641,533.75
Reliance Holding Usa Inc 144A	250,000	263,885.00	322,452.50
Reynolds American Inc	190,000	191,872.45	226,478.10
Rio Tinto Finance Usa Plc	325,000	315,503.50	380,422.25
San Diego Gas & Electric Co	335,000	357,924.05	390,492.75
Shell International Finance Bv	865,000	940,216.55	990,929.75

Anixter Inc. Pension Plan

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December 31, 2017

EIN 36-2361285; Plan #010

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Siemens Financieringsmaat 144A	380,000	378,651.00	416,913.20
Southern California Edison Co	575,000	684,441.55	719,545.15
Southern California Gas Co	155,000	146,093.70	161,725.45
Southern Natural Gas Co Llc	140,000	192,683.40	189,803.60
Spirit Aerosystems Inc	15,000	14,988.60	15,231.60
Standard Chartered Plc 144A	295,000	294,182.85	302,546.10
Sumitomo Mitsui Financial Grou	225,000	225,000.00	232,665.75
Sunoco Logistics Partners Oper	145,000	144,029.95	144,087.95
Sysco Corp	125,000	124,901.25	142,867.50
Teva Pharmaceutical Finance Ne	120,000	119,000.40	91,380.00
Time Warner Cable Llc	280,000	364,611.60	335,966.40
Transcanada Pipelines Ltd	340,000	356,153.40	402,713.00
Travelers Cos Inc/The	275,000	352,071.50	374,709.50
Tyson Foods Inc	95,000	94,445.20	103,465.45
Union Electric Co	170,000	169,598.80	173,102.50
Union Pacific Corp	350,000	341,164.60	380,186.40
United Technologies Corp	965,000	1,028,796.25	1,086,120.05
Unitedhealth Group Inc	695,000	647,683.30	722,403.85
University Of Notre Dame Du La	635,000	635,000.00	633,310.90
Vale Overseas Ltd	435,000	483,372.00	532,875.00
Valero Energy Corp	140,000	174,508.60	184,507.40
Verizon Communications Inc	2,772,000	2,718,245.12	2,899,624.19
Viacom Inc	125,000	143,596.25	129,340.00
Virginia Electric & Power Co	515,000	566,348.50	581,033.30
Visa Inc	75,000	74,874.75	85,344.75
Wal-Mart Stores Inc	1,423,000	1,595,275.15	1,806,227.76
Walt Disney Co/The	180,000	246,103.20	248,607.00
Warner Media Llc	70,000	69,950.30	73,516.10
Waste Management Inc	265,000	264,454.10	284,572.90
Wells Fargo & Co	1,225,000	1,236,969.50	1,292,723.15
Weyerhaeuser Co	25,000	33,026.50	32,876.25
Whirlpool Corp	135,000	133,921.35	142,971.75
Williams Partners Lp	210,000	208,996.20	230,951.70
Wpp Finance 2010	140,000	143,204.60	150,903.20
Total corporate bonds		71,847,213	76,978,186

Government bonds:

Anixter Inc. Pension Plan

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US Treasury Bond	2,670,000	3,086,370	3,149,271
US Treasury-CPI	343,543	346,815	366,993
US Treasury Note	720,000	705,239	704,056
US Ultra Bond	-18	—	-15,726
US 10 Year Ultra Future	6	—	-3,528
US Treasury Bond Future	28	—	-10,639
Mexico Government International	250,000	224,375	252,750
Tennessee Valley Auth Bd	100,000	97,314	118,225
Total government bonds		4,460,113	4,561,402
State and local obligations:			
Illinois State	315,000	313,715	314,477
Univ Of California Ca Revenues	195,000	195,000	213,211
Total state and local obligations:		508,715	527,688
Total Investments		$ 232,558,562	$ 279,688,034

* Represents a party in interest

The following is a summary of the changes in the non-prescribed actuarial assumptions from the assumptions used in the 2016 Plan Year valuation. The changes were made as a result of an experience study that was completed during 2016 and are expected to more accurately reflect anticipated experience under the Plan.

The salary scale assumption decreased at certain ages ranging from 2.00% (earlier ages) to 0.50% (later ages).

The retirement rates were slightly decreased for specific ages below 65, decreased to 20% at age 65, increased to 30% for ages 66 to 69, and remained unchanged at age 70 (100%).

The termination rates increased for ages 34 and below (new rates range from 2% to 7% depending on age)

The timing of when active participants elect a lump sum of their PRA benefit changed to the following: 40% will elect an immediate lump sum, 20% will defer the lump sum for 1 year, 20% will defer the lump sum for 2 years, and 20% will defer the lump sum until age 65.

The timing of when terminated vested participants elect a lump sum of their PRA benefit changed to the following: 20% elect a lump sum after 1 year of inactive status, 20% elect a lump sum after 2 years of inactive status, and 60% defer the lump sum until age 65.

The assumed beneficiary age difference for female participants was updated from a 2 year to 0 year difference.