

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

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): ANIXTER INC.
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BENEFITS ADMINISTRATION COMMITTEE OF WESCO DISTRIBUTION, INC.  225 WEST STATION SQUARE DRIVE SUITE PITTSBURGH, PA 15219-1122	<b>3b</b> Administrator's EIN 25-1723345  <b>3c</b> Administrator's telephone number 412-454-2200
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1819
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	295
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	0
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I 3H

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**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

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**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

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

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

MERCER

155 NORTH WACKER DRIVE  
CHICAGO, IL 60606

36-2336943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65 49	RECORDKEEPER	524451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON DELAWARE INC

233 SOUTH WACKER DRIVE, SUITE 1800  
CHICAGO, IL 60606

(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 65	ACTUARY	509286	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK

500 GRANT STREET, SUITE 625  
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?
19	TRUSTEE	148357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

K&L GATES LLP

70 W MADISON ST 3300  
CHICAGO, IL 60602

(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?
29	LEGAL	66562	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MITCHELL & TITUS, LLP

141 WEST JACKSON BOULEVARD, SUITE 2  
CHICAGO, IL 60604

13-2781641

(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	24150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET

04-2456637

(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	8559	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILLIS TOWERS WATSON GROUP TRUST GL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC.</u>		
<b>c</b> EIN-PN <u>82-6695738-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILLIS TOWERS WATSON GROUP TRUST LO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TOWERS WATSON INVESTMENT SERVICES, INC.</u>		
<b>c</b> EIN-PN <u>82-6695738-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMED US GOV BOND INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-2456637-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR+M INTERMEDIATE CORP COLLECTIVE F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>INCOME RESEARCH + MANAGEMENT</u>		
<b>c</b> EIN-PN <u>04-2955404-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA LONG US GOV BOND INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-2456637-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ANIXTER INC. PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ANIXTER INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2361285</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	391501
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	67581397
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	11534527
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	98531936
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	178039361	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	178039361	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2211850	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2416584	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-802964
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		-1007698

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3575653	
(2) To insurance carriers for the provision of benefits .....	2e(2)	138800000	
(3) Other.....	2e(3)	31381684	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		173757337
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	592098	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	24150	
(5) Investment advisory and investment management fees .....	2i(5)	13943	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	147744	
(7) Actuarial fees .....	2i(7)	409589	
(8) Legal fees .....	2i(8)	66562	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	2020240	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		3274326
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		177031663

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-178039361
<b>l</b> 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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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 31381684.

**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.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 545144.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-2361285</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	186

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



## **Financial Statements and Supplemental Schedule**

# **Anixter Inc. Pension Plan**

*Years ended December 31, 2024 and 2023 (in liquidation)  
with Independent Auditor's Report*

**EIN: 36-2361285**

**Plan #: 010**

**Financial Statements and Supplemental Schedule**

**Anixter Inc. Pension Plan**

*Years ended December 31, 2024 and 2023  
with Independent Auditor's Report*

**EIN: 36-2361285**

**Plan #: 010**

**Anixter Inc. Pension Plan**

**Financial Statements  
and Supplemental Schedule**

**Years ended December 31, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

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

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of the Anixter Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets in liquidation as of December 31, 2024 and 2023, the related statements of changes in net assets in liquidation for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan and a qualified institution, as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Emphasis of Matter – Plan Termination***

As further discussed in Notes 2 and 9 to the financial statements, the employer, Anixter Inc., elected to terminate the Plan, effective December 31, 2022. Management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing basis to the liquidation basis. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material, if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.



Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

***Other Matter—Supplemental Schedule Required by ERISA***

The supplemental schedule of reportable transactions for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Mitchell Titus, LLP*

October 15, 2025

**Anixter Inc. Pension Plan**  
**Statements of Net Assets in Liquidation**

As of December 31, 2024 and 2023

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments, at fair value:		
<i>Commingled Funds:</i>		
Cash equivalents and short-term investments	\$ —	\$ 67,581,397
Equity funds	—	79,834,436
Fixed-income fund	—	18,697,500
<i>Partnership Interest:</i>		
Private equity funds	—	11,534,527
Total investments	—	177,647,860
Cash	—	—
Accrued investment income	—	391,501
Total assets	—	178,039,361
Net assets available for benefits	\$ —	\$ 178,039,361

*See accompanying notes to financial statements.*

**Anixter Inc. Pension Plan**  
**Statements of Changes in Net Assets in Liquidation**

For the Years Ended December 31, 2024 and 2023

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
Interest and dividend income	\$ 1,251,417	\$ 8,289,271
Net realized and unrealized (depreciation)/appreciation in fair value of	(2,259,115)	7,361,449
Total investment (loss)/income	(1,007,698)	15,650,720
Total additions (net)	(1,007,698)	15,650,720
<b>Deductions</b>		
Benefits paid directly to participants	3,575,653	119,012,565
Purchase of annuity contracts (Note 9)	138,800,000	—
Administrative fees	3,274,326	3,043,856
Total deductions	145,649,979	122,056,421
Net decrease	(146,657,677)	(106,405,701)
Net assets reverted to Employer (Note 9)	(31,381,684)	—
Net assets available for benefits at beginning of year	178,039,361	284,445,062
Net assets available for benefits at end of year	\$ —	\$ 178,039,361

*See accompanying notes to financial statements.*

# **Anixter Inc. Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2024 and 2023 (in liquidation)**

### **Note 1. Description of Plan**

#### *General*

The Anixter Inc. Pension Plan (the “Plan”) was 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”). WESCO Distribution, Inc. (“WESCO”) is the parent company of the Employer. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. 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 had not yet adopted the Plan on or before July 1, 2015. The Employer would make an annual contribution to the Employee Savings Plan on behalf of each active participant who was first hired or rehired on or after July 1, 2015, or was not participating in the Pension Plan. The amount of the Employer annual contribution to each active participant's account was 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 was fewer than five, or (2) 2.5% if such participant's years of service as of August 1 of the Plan year was five or greater. This contribution was 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 were not already fully vested.

#### *Contributions*

The Plan's funding policy was for the Employer to contribute an amount which would 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 were determined by the Plan’s actuary.

In 2024 and 2023, the Employer made no cash contributions due to its overfunded status.

The Plan has met the minimum funding requirements of ERISA during 2024 and 2023.

# Anixter Inc. Pension Plan

## Notes to the Financial Statements

December 31, 2024 and 2023 (in liquidation)

### *Pension Benefits*

Pension benefits under the Plan are as follows:

- Employees hired before June 1, 2004 received the grandfathered pension benefit. The amount of the benefit was based on a formula that used their final average salary, Social Security-covered compensation and continuous service through December 31, 2013 (or if earlier, their date of termination).
- For employees first hired on or after June 1, 2004 but prior to July 1, 2015, benefits were based on a personal retirement account that was credited annually with a contribution based on years of continuous service and salary.
- For employees hired before June 1, 2004 who worked through January 1, 2014 or who were terminated and rehired on or after June 1, 2004 but prior to July 1, 2015, benefits were based on a combination of the grandfathered pension benefit and the personal retirement account.
- Employees hired on or after July 1, 2015 accrued no benefits under the Plan. Employees rehired on or after July 1, 2015 only participated with respect to benefits accrued prior to such date.

### *Vesting*

Participants who were hired prior to June 1, 2004 vested after five years of service and participants hired thereafter vested 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 Administrator*

The Plan Administrator was the Benefits Administrative Committee of WESCO Distribution, Inc. (the “BAC”), the members of which were appointed by the Employee Retirement and Benefits Oversight Committee (“ERBOC”). The Plan Administrator had the full power, authority and responsibility as Plan Administrator with respect to the general administration of the plan, except for the power, authority or responsibility assigned to the Finance Retirement Committee.

## **Note 2. Summary of Significant Accounting Policies**

### *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). As discussed in Note 9, the Employer terminated the Plan, with an effective termination date of December 31, 2022. As a result, the Plan’s financial statements as of December 31, 2024

# **Anixter Inc. Pension Plan**

## **Notes to the Financial Statements**

### **December 31, 2024 and 2023 (in liquidation)**

and 2023 and for the years then ended have been prepared on the liquidation basis, in accordance with U.S. GAAP. This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets are reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments as of December 31, 2024 and 2023 would be fair value. There were no material changes to these financial statements as a result of the change under the liquidation basis of accounting.

#### *Use of Estimates*

The preparation of financial statements in conformity with U.S. GAAP 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 did not hold any investments at December 31, 2024. The Plan's investments held at December 31, 2023 were 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 determine 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/(depreciation) 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.

# **Anixter Inc. Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2024 and 2023 (in liquidation)**

### *Actuarial Value of Accumulated Plan Benefits*

Accumulated plan benefits were those estimated future periodic payments, including lump-sum distributions, that were attributable under the Plan's provisions to the service employees had rendered to the valuation date. Accumulated plan benefits included benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who had 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 were 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 was earned under a cash balance account. Each year, a participant's account received 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 was five or greater).

Interest earned on the credited amount was not credited to the cash balance account, but was 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 were included to the extent they were deemed attributable to employee service rendered to the valuation date. Effective December 31, 2013, all employees hired before June 1, 2004 also accrued future pension benefits the same as those employees hired after June 1, 2004. This benefit was modified for entrants hired or rehired on or after July 1, 2015 as described above.

### **Note 3. 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.

# Anixter Inc. Pension Plan

## Notes to the Financial Statements

### December 31, 2024 and 2023 (in liquidation)

- 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, 2024 and 2023.

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

*Common/commingled funds (private equity fund and other equity funds except real asset fund)* are valued at their net asset value (“NAV”) as determined by the fund manager based on inputs that are directly observable, or derived from quoted prices in active markets of the underlying securities. They have been categorized as Level 2. There were no unfunded commitments at December 31, 2024, and no fund restrictions except as noted below with respect to the fund redemption.

Subject to Redemption Deferrals, as defined in the Confidential Offering Memorandum, redemptions from the funds generally may be made as of a time immediately after the close of business on each business day that is the last business day of a calendar week or calendar month, pursuant to notice or direction from the Group Trust Sponsor to the Trustee at least 3 or 7 business days in advance, as applicable (or such other shorter period determined by Group Trust Sponsor and agreed to by the Trustee).

*Common/commingled funds (real asset fund and fixed-income fund)* are reported at the NAV of Units in the Fund, determined on each valuation date as of the close of regular trading on the N.Y. Stock Exchange. In computing NAV, portfolio holdings of the Real Asset Fund (Fund) are valued at their current market values determined on the basis of market quotations, to the extent readily available. If current market quotations are not

## Anixter Inc. Pension Plan

### Notes to the Financial Statements

#### December 31, 2024 and 2023 (in liquidation)

readily available, securities are generally valued at last reported value by the issuer (adjusted for any subsequent capital calls/distributions). They have been categorized as Level 3. The Plan sponsor does not utilize quantitative unobservable inputs for measuring fair value for these assets.

The Plan did not hold any financial assets as of December 31, 2024.

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total fair value at December 31, 2023</b>
<i>Commingled funds:</i>				
Cash and cash equivalents	\$ 67,581,397	\$ —	\$ —	\$ 67,581,397
Equity funds	—	79,834,436	—	79,834,436
Fixed income fund	—	—	18,697,500	18,697,500
<i>Partnership Interest:</i>				
Private equity	—	11,534,527	—	11,534,527
Total Investments	<u>\$ 67,581,397</u>	<u>\$ 91,368,963</u>	<u>\$ 18,697,500</u>	<u>\$ 177,647,860</u>

There are no significant transfers between levels for the years ended December 31, 2024 and 2023.

## Anixter Inc. Pension Plan

### Notes to the Financial Statements

#### December 31, 2024 and 2023 (in liquidation)

Assets held in Real Asset Fund and SSGA Bond Index Fund are classified as level 3. Redemptions in this fund are generally permitted quarterly on each quarter-end valuation date upon at least 180 days' written notice. Requests will be accommodated based on available liquidity as determined by the Fund manager. If insufficient cash is available to effect all requested redemptions, then the Fund may, pursuant to its authority as described in "Limitations on Redemptions and the Payment of Redemption Proceeds" in the Confidential Offering Memorandum, reduce all redemption requests pro rata so that the total amount redeemed equals only a specified percentage, as determined by the Fund, of the aggregate NAV of all Units of the Fund at such time. There are no unfunded commitments at December 31, 2024.

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2024 and 2023.

Year ended December 31, 2024	Real Asset Fund	Fixed-Income Fund
Balance, beginning of year	\$ —	\$ 18,697,500
Realized gains/(losses)	—	(609,198)
Unrealized gains/(losses)	—	51,938
Administrative fees		
Purchases	—	39,400,000
Sales	—	(57,540,240)
Balance, end of year	\$ —	\$ —
The amount of total gains or losses for the year included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date		

Year ended December 31, 2023	Real Asset Fund	Fixed-Income Fund
Balance, beginning of year	\$ 37,958,593	\$ 2,089,864
Realized gains/(losses)	12,687,085	(267)
Unrealized gains/(losses)	(12,577,775)	808,812
Administrative fees	—	(909)
Purchases	—	15,800,000
Sales	(38,067,903)	—
Balance, end of year	\$ —	\$ 18,697,500
The amount of total gains or losses for the year included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	\$ (12,577,775)	\$ 808,812

# **Anixter Inc. Pension Plan**

## **Notes to the Financial Statements**

### **December 31, 2024 and 2023 (in liquidation)**

Realized and unrealized gains and losses included in changes in net assets for the period above are reported in net appreciation/(depreciation) in fair value of investments in the statement of changes in net assets available for benefits.

#### **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 ERISA. 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, 2024 and 2023.
- Investment income/(loss) as shown in the statements of changes in net assets available for Plan benefits for the years ended December 31, 2024 and 2023.
- The schedule of reportable transactions for the year ended December 31, 2024.

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 December 31, 2022. 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. As indicated in Note 9, in November 2022, an amendment was adopted to terminate the Plan effective December 31, 2022. As a result, the benefit obligation as of December 31, 2022 was valued reflecting the Plan termination cost to settle obligations, which occurred in Q4 2023 and Q1 2024.

## Anixter Inc. Pension Plan

### Notes to the Financial Statements

December 31, 2024 and 2023 (in liquidation)

	<b>December 31, 2022</b>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired employees receiving benefits	\$ 91,092,515
Active and terminated employees not receiving benefits	161,786,270
Non-vested benefits	—
Total actuarial present value of accumulated plan benefits	<u>\$ 252,878,785</u>

	<b>Year Ended December 31, 2022</b>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 306,024,271
Increase (decrease) during the year attributed to:	
Change in assumptions	(51,378,586)
Increase for interest due to the decrease in the discount period	8,731,999
Benefits accumulated (including actuarial gains and losses)	(657,204)
Benefits paid	(9,841,695)
Net Decrease	<u>(53,145,486)</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 252,878,785</u>

The changes in the actuarial present value of accumulated plan benefits for the period from January 1, 2023 through December 31, 2024 were as follows:

## Anixter Inc. Pension Plan

### Notes to the Financial Statements

#### December 31, 2024 and 2023 (in liquidation)

	<b>Year Ended December 31, 2023</b>
	<b>Year Ended December 31, 2024</b>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 252,878,785
Increase (decrease) during the year attributed to:	
Change in assumptions	(809,121)
Increase for interest due to the decrease in the discount period	10,565,644
Benefits accumulated (including actuarial gains and losses)	3,857,785
Benefits paid	(119,012,565)
Net Decrease	(105,399,348)
Total actuarial present value of accumulated plan benefits	\$ 147,479,437
Actuarial present value of accumulated plan benefits at beginning of year	\$ 147,479,437
Increase (decrease) during the year attributed to:	
Change in assumptions	-
Increase for interest due to the decrease in the discount period	1,072,259
Benefits accumulated (including actuarial gains and losses)	(3,941,176)
Benefits paid	(144,610,520)
Net Decrease	(147,479,437)
Total actuarial present value of accumulated plan benefits	\$ —

Some of the actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of December 31, 2022 were as follows:

Rate of return on investments:	4.80%
Discount rate:	4.4%
Retirement age:	Age 65 or immediately if participant is age 65 or over
Mortality	IRS 2021 Static Mortality Table
Actuarial Cost Method	Projected Unit Credit Cost Method

# Anixter Inc. Pension Plan

## Notes to the Financial Statements

### December 31, 2024 and 2023 (in liquidation)

Termination and mortality prior to retirement:

Attained Age	Termination	Mortality			
		Males		Females	
		Non-annuitant	Annuitant <sup>(a)</sup>	Non-annuitant	Annuitant <sup>(a)</sup>
20	20%	0.0560%	0.0560%	0.0150%	0.0150%
25	20%	0.0540%	0.0540%	0.0190%	0.0190%
30	12%	0.0550%	0.0550%	0.0210%	0.0210%
40	7%	0.0740%	0.0740%	0.0430%	0.0430%

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

#### 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.

U.S. GAAP requires the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax 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.

# **Anixter Inc. Pension Plan**

## **Notes to the Financial Statements**

**December 31, 2024 and 2023 (in liquidation)**

### **Note 7. Personal Retirement Accounts**

All non-union domestic employees hired after June 1, 2004 and before July 1, 2015, earned a benefit under a personal retirement account (hypothetical account balance). Each year, a participant's account received 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 were 5 years or more). Active participants became fully vested in their hypothetical personal retirement account after 3 years of service. Interest earned on the credited amount was not credited to the personal retirement account but was contributed to the participant's account in the Anixter Inc. Employee Savings Plan. The interest contribution equaled the interest earned on the personal retirement account balance as of January 1 in the Domestic Plan and was 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 was invested consistent with the participants' deferral elections in the Anixter Inc. Employee Savings Plan.

### **Note 8. Risk and Uncertainties**

The Plan invested in various investment securities. Investment securities were exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the value of investment securities would 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 were made and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which were subject to change. Due to uncertainties inherent in the estimations and assumptions process, it was at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### **Note 9. Plan Termination**

On November 5, 2022, the BAC authorized (i) the termination of the Plan; and (ii) the BAC and its designee to have the full authority and discretion to make all other determinations necessary or appropriate to implement the elections provided for by the termination of the Plan.

# **Anixter Inc. Pension Plan**

## **Notes to the Financial Statements**

### **December 31, 2024 and 2023 (in liquidation)**

The Employer commenced the termination process subject to the provisions set forth under Section 4041(b) of ERISA and Section 411(d)(3) of the Code. Each affected participant had a fully vested and nonforfeitable right to their benefits then accrued under the Plan. As such, the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Benefits which began to be paid three (3) years before the termination date under the provision of the Plan in effect during the five (5) years prior to termination which would provide the smallest benefit. Benefits which would be in this category if the participant eligible for benefits had elected to begin receipt of such benefit payments at least three (3) years prior to the termination shall also be provided.
- (b) All other insured benefits guaranteed by the Pension Benefit Guaranty Corporation, including benefits for a substantial owner who owns directly or indirectly more than ten percent (10%) of the Employer's voting stock.
- (c) All other nonforfeitable benefits.
- (d) All other benefits under the Plan.
- (e) A return balance due to actuarial error to the Employer if any assets remained after all liabilities with respect to Participants and retired participants, spouses and beneficiaries had been satisfied.

During 2023, in connection with the termination, the Plan paid approximately \$111 million in lump-sum payments to participants. Additionally, in February 2024, the remaining benefit obligation of the Plan was settled through the purchase of single premium annuity contracts for total cash of approximately \$139 million. The purchase was funded entirely by assets of the Plan. The Plan's assets were sufficient to provide for the accumulated benefit obligations of the Plan due to the Plan termination and change to the liquidation basis of accounting, as noted previously. Plan assets in excess of the accumulated benefit obligation of approximately \$31 million were refunded back to the Employer.

#### **Note 10. Subsequent Events**

The Employer has evaluated these annual financial statements for disclosure of subsequent events through October 15, 2025, the date on which the financial statements were available to be issued, and has identified no material subsequent events.

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [X] a single-employer plan [ ] a DFE (specify)
[ ] the first return/report [X] 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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here [ ]

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) ANIXTER INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box) 2301 PATRIOT BLVD
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 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.

Table with 3 columns: SIGN HERE, Date, Name. Row 1: Signature of plan administrator, 10/15/2025, KARL WILLIAMSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

# **Supplemental Schedule**

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

Year ended December 31, 2024 (in liquidation)

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 Transactio n Date	(i) Net Gain (Loss)
<u>Category (i) – Single transactions in excess of 5% of Plan assets</u>						
BNY Mellon Trust Company of Illinois:						
	EB Temp Investment Fund	\$ 31,376,821				
	EB Temp Investment Fund	107,913,473				
	EB Temp Investment Fund		31,400,000	31,400,000		—
	EB Temp Investment Fund		138,800,000	138,800,000		
	EB Temp Investment Fund		26,401,379	26,401,379		
	Long U.S. Government Bond Index Fund		57,540,240	58,149,439		(609,199)
	Long U.S. Government Bond Index Fund	31,400,000				
	WTW Long Credit Strategy		32,129,166	34,058,023		(1,928,857)
	IR+M Intermediate Corporate Collective Fund		39,233,564	40,123,308		(899,744)

Category (ii) – There were no series of transactions with the same person in excess of 5% of Plan assets

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

Year ended December 31, 2024 (in liquidation)

EIN 36-2361285; Plan #010

(a) Identity of Party Involved	(b) Description of Asset	Transaction Count	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>							
BNY Mellon Trust Company of Illinois:							
	EB Temp Investment Fund	27	\$147,349,308				
	EB Temp Investment Fund	32		214,930,705	214,930,705		—
	Long U.S. Govt Bond Index NL Fund	1		57,540,240	58,149,439		(609,199)
	Long U.S. Govt Bond Index NL Fund	2	39,400,000				
	IR+M Intermediate Corporate Collective Fun	3		39,240,748	40,130,668		(889,920)
	WTW Long Credit Strategy	2		32,129,166	34,058,023		(1,928,857)

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