

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed 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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089  <b>2016</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
<b>A</b> This return/report is for:		<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan			
<b>B</b> This return/report is		<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)			
<b>C</b> Check box if filing under:		<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)			
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PROFILE PRODUCTS, LLC		<b>1b</b> Three-digit plan number (PN) ▶		002	
		<b>1c</b> Effective date of plan		01/01/1998	
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PROFILE PRODUCTS, LLC  750 LAKE COOK ROAD, SUITE 440 BUFFALO GROVE, IL 60089		<b>2b</b> Employer Identification Number (EIN)		84-1433208	
		<b>2c</b> Sponsor's telephone number		847-215-3450	
		<b>2d</b> Business code (see instructions)		325900	
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN			
		<b>3c</b> Administrator's telephone number			
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		<b>4b</b> EIN			
<b>a</b> Sponsor's name		<b>4c</b> PN			
<b>5a</b> Total number of participants at the beginning of the plan year .....		<b>5a</b>		51	
<b>b</b> Total number of participants at the end of the plan year.....		<b>5b</b>		53	
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<b>5c</b>			
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....		<b>5d(1)</b>		32	
<b>d(2)</b> Total number of active participants at the end of the plan year .....		<b>5d(2)</b>		32	
<b>e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>5e</b>		3	
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.					
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/06/2017	HELEN CHIN		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
<b>SIGN HERE</b>					
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number )				Preparer's telephone number	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	598884	637461
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	598884	637461
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	41000	
<b>(2)</b> Participants .....	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	33866	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		74866
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	28008	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	8281	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		36289
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		38577
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1B 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Amount</b>
<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? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X		
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X			1000000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X		
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X		
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X		
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>				
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>				

**Part VI Pension Funding Compliance**

<b>11</b> Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>11a</b> Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....	<b>11a</b> <span style="float: right;">0</span>
<b>12</b> Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> 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 letter ruling granting the waiver. .... Month _____ Day _____ Year _____	
<b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b>	
<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Part VII Plan Terminations and Transfers of Assets**

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....	<b>13a</b>
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)
<b>13c(3)</b> PN(s)	

**Part VIII Trust Information**

<b>14a</b> Name of trust	<b>14b</b> Trust's EIN
<b>14c</b> Name of trustee or custodian	<b>14d</b> Trustee's or custodian's telephone number

**Part IX IRS Compliance Questions**

<b>15a</b> Is the plan a 401(k) plan? If "No," skip b.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....	<input type="checkbox"/> Design-based safe harbor	<input type="checkbox"/> "Prior year" ADP test
	<input type="checkbox"/> "Current year" ADP test	<input type="checkbox"/> N/A
<b>16a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>17a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.		
<b>17b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.		
<b>18</b> Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>19</b> Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PROFILE PRODUCTS, LLC</u>	<b>B</b> Three-digit plan number (PN) ►	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PROFILE PRODUCTS, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>84-1433208</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date:      Month <u>01</u> Day <u>01</u> Year <u>2016</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>598375</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>630709</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	<u>10</u>	<u>199022</u>
	<b>b</b> For terminated vested participants.....	<u>9</u>	<u>89305</u>
	<b>c</b> For active participants.....	<u>32</u>	<u>359306</u>
	<b>d</b> Total.....	<u>51</u>	<u>647633</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>6.24 %</u>
<b>6</b>	Target normal cost.....	<b>6</b>	<u>32548</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>JAMES CAMANN</u></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>TOWERS WATSON DELAWARE INC.</u></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><u>555 17TH STREET, SUITE 2050</u> <u>DENVER, CO 80202</u></div> <div style="text-align: center;">Address of the firm</div>	<div style="text-align: right; margin-bottom: 5px;"><u>10/02/2017</u></div> <div style="text-align: center;">Date</div> <div style="text-align: right; margin-bottom: 5px;"><u>17-06896</u></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="text-align: right; margin-bottom: 5px;"><u>303-391-1200</u></div> <div style="text-align: center;">Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2016**  
**v. 160205**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	1	146
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
9	Amount remaining (line 7 minus line 8) .....	1	146
10	Interest on line 9 using prior year's actual return of <u>-1.05%</u> .....	0	-2
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year) .....		833
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.43%</u> .....		54
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
c	Total available at beginning of current plan year to add to prefunding balance .....		887
d	Portion of (c) to be added to prefunding balance .....		0
12	Other reductions in balances due to elections or deemed elections .....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	1	144

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	95.15%
15	Adjusted funding target attainment percentage .....	15	95.15%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	95.80%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2016	12035	0			
07/14/2016	13000	0			
10/13/2016	965	0			
01/12/2017	9000	0			
09/14/2017	6000	0			
			Totals ►	18(b)	41000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years. ....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date .....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	19c	39201
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V</b>	<b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>		
<b>21</b>	Discount rate:		
<b>a</b>	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	<input type="checkbox"/> N/A, full yield curve used
<b>b</b>	Applicable month (enter code) .....	<b>21b</b>	4
<b>22</b>	Weighted average retirement age .....	<b>22</b>	65
<b>23</b>	Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
<b>Part VI</b>	<b>Miscellaneous Items</b>		
<b>24</b>	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>25</b>	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>26</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....	<b>27</b>	
<b>Part VII</b>	<b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>		
<b>28</b>	Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0
<b>Part VIII</b>	<b>Minimum Required Contribution For Current Year</b>		
<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6) .....	<b>31a</b>	32548
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0
<b>32</b>	Amortization installments:	Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....	32136	6185
<b>b</b>	Waiver amortization installment .....	0	0
<b>33</b>	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	0
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	38733
		Carryover balance	Prefunding balance
<b>35</b>	Balances elected for use to offset funding requirement .....	0	0
<b>36</b>	Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	38733
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	39201
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	468
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b>	Unpaid minimum required contributions for all years .....	<b>40</b>	0
<b>Part IX</b>	<b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>		
<b>41</b>	If an election was made to use PRA 2010 funding relief for this plan:		
<b>a</b>	Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years	
<b>b</b>	Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011	
<b>42</b>	Amount of acceleration adjustment .....	<b>42</b>	
<b>43</b>	Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>	

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	2		0		0		0		0		0		0		0		0		0	
25 - 29	2		1		1		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		1		1		0		0		0		0		0		0	
40 - 44	0		0		1		2		1		0		0		0		0		0	
45 - 49	1		1		2		0		4		0		0		0		0		0	
50 - 54	0		2		0		0		0		0		0		0		0		0	
55 - 59	0		1		1		1		2		0		0		0		0		0	
60 - 64	0		0		1		1		1		0		0		0		0		0	
65 - 69	0		0		0		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		2		0		0		0		0		0	

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
 EIN / PN: 84-1433208 / 002  
 Plan Sponsor: Profile Products, LLC  
 Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS (cont.)

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

### Economic Assumptions

#### Interest rate basis:

- Applicable month  
September
- Interest rate basis  
3-Segment Rates

#### Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
▪ First segment rate	4.43%	1.34%
▪ Second segment rate	5.91%	4.03%
▪ Third segment rate	6.65%	5.06%
▪ Effective interest rate	6.24%	4.55%

<b>Administrative “and investment” expenses</b>	<b>\$8,000</b>
---	----------------

Plan Name:	Retirement Plan for Hourly Employees of Profile Products, LLC
EIN / PN:	84-1433208 / 002
Plan Sponsor:	Profile Products, LLC
Valuation Date:	January 1, 2016



# SCHEDULE SB ATTACHMENTS (cont.)

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

### Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** Single blended table of rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2023 using Scale AA).
- **Disabled** Single blended table of rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2023 using Scale AA).

**Termination** Rates varying by age

### Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	5.4%	5.4%
25	5.3%	5.3%
30	5.1%	5.1%
35	4.7%	4.7%
40	3.5%	3.5%
45	1.8%	1.8%
50	0.4%	0.4%
55	0.0%	0.0%
60	0.0%	0.0%
65	0.0%	0.0%

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
EIN / PN: 84-1433208 / 002  
Plan Sponsor: Profile Products, LLC  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS (cont.)

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

**Retirement** Rates varying by age, average age 65.

Percentage retiring during the year		
Age	Males	Females
55	1.00%	1.00%
56	1.00%	1.00%
57	1.00%	1.00%
58	1.00%	1.00%
59	1.00%	1.00%
60	2.00%	2.00%
61	2.00%	2.00%
62	5.00%	5.00%
63	2.00%	2.00%
64	2.00%	2.00%
65	100.00%	100.00%

**Benefit commencement date:**

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment

**Form of payment** Life Annuity

**Percent married** 80% of males and females. Used to value pre-retirement surviving spouse benefits.

**Spouse age** Wife three years younger than husband.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month.

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
EIN / PN: 84-1433208 / 002  
Plan Sponsor: Profile Products, LLC  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS (cont.)

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

### Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Actuarial value of assets [for determining minimum required contributions]</b>	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.81% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2015 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
<b>Benefits not valued</b>	<p>All benefits described in the Plan Provisions section of this report were valued based on discussions with Profile Products regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with Profile Products and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$1,000) in a single lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.</p>

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
EIN / PN: 84-1433208 / 002  
Plan Sponsor: Profile Products, LLC  
Valuation Date: January 1, 2016

# SCHEDULE SB ATTACHMENTS (cont.)

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

### Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
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### Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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<b>Termination</b>	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
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<b>Retirement</b>	Retirement rates are based on plan sponsor expectations for the future.
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#### Benefit commencement date for deferred benefits:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>▪ Preretirement death benefit</li></ul> | Surviving spouses assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.             |
| <ul style="list-style-type: none"><li>▪ Deferred vested benefit</li></ul>     | Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant. |

<b>Form of payment</b>	Participants are assumed to take a single life annuity based on the plan sponsor expectations for the future.
------------------------	---

<b>Percent married</b>	The percent married is based on plan sponsor expectations for the future.
------------------------	---

<b>Spouse age</b>	The spouse age assumption is based on plan sponsor expectations for the future.
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Plan Name:	Retirement Plan for Hourly Employees of Profile Products, LLC
EIN / PN:	84-1433208 / 002
Plan Sponsor:	Profile Products, LLC
Valuation Date:	January 1, 2016

# SCHEDULE SB ATTACHMENTS (cont.)

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

### Source of Prescribed Methods

#### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

### Changes in Assumptions and Methods

#### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC 430. .

#### Change in methods since prior valuation

None.

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
EIN / PN: 84-1433208 / 002  
Plan Sponsor: Profile Products, LLC  
Valuation Date: January 1, 2016

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2016****This Form is Open to Public  
Inspection**For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PROFILE PRODUCTS, LLC		<b>B</b> Three-digit plan number (PN) ▶ 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROFILE PRODUCTS, LLC		<b>D</b> Employer Identification Number (EIN) 84-1433208
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	598,375	
<b>b</b> Actuarial value.....	<b>2b</b>	630,709	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	10	199,022	199,022
<b>b</b> For terminated vested participants.....	9	89,305	89,305
<b>c</b> For active participants.....	32	359,306	374,373
<b>d</b> Total.....	51	647,633	662,700
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	6.24%	
<b>6</b> Target normal cost.....	<b>6</b>	32,548	

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

James Camann

Signature of actuary

James Camann

Type or print name of actuary

Towers Watson Delaware Inc.

Firm name

555 17TH STREET, SUITE 2050

Denver CO 80202

Address of the firm

10/2/2017

Date

1706896

Most recent enrollment number

303-391-1200

Telephone number (including area code)

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>
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	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	1	146
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8).....	1	146
<b>10</b> Interest on line 9 using prior year's actual return of <u>-1.05%</u> .....	0	-2
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		833
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.43%</u> .....		54
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		887
<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b> Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	1	144

<b>Part III</b>	<b>Funding Percentages</b>
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<b>14</b>	<b>Funding target attainment percentage</b>	<b>14</b>	95.15%
<b>15</b>	<b>Adjusted funding target attainment percentage</b>	<b>15</b>	95.15%
<b>16</b>	<b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement</b>	<b>16</b>	95.80%
<b>17</b>	<b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.</b>	<b>17</b>	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2016	12,035	0			
07/14/2016	13,000	0			
10/13/2016	965	0			
01/12/2017	9,000	0			
09/14/2017	6,000	0			

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	39,201

## 20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	32,548	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	32,136	6,185	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	0	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	38,733	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	38,733	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	39,201	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	468	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:	
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>



# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Profile Products, LLC
<b>EIN/PN</b>	84-1433208 / 002
<b>Plan Name</b>	Retirement Plan for Hourly Employees of Profile Products LLC
<b>Valuation Date</b>	January 1, 2016
<b>Enrolled Actuary</b>	James Camann
<b>Enrollment Number</b>	17-06896

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2016**

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Retirement Plan for Hourly Employees of Profile Products, LLC
EIN / PN:	84-1433208 / 002
Plan Sponsor:	Profile Products, LLC
Valuation Date:	January 1, 2016

# **SCHEDULE SB ATTACHMENTS (cont.)**

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## **Schedule SB, Part V – Summary of Plan Provisions**

### **Plan Sponsor**

Profile Products LLC

### **Plan**

Retirement Plan for Hourly Employees of Profile Products LLC

### **Effective Date and Most Recent Amendment**

The effective date of the Plan is January 1, 1998, as most recently amended effective January 1, 2008.

### **Plan Year**

The twelve-month period ending December 31.

### **Coverage and Participation**

An eligible employee participates in the Plan on the later of the plan effective date or their date of hire.

Eligible employees are employees compensated on an hourly basis excluding collectively bargained employees and employees covered under any other qualified plan of the employer.

### **Service**

Periods of employment on or after October 14, 1997. Employees on October 14, 1997 receive credit for vesting purposes for prior service with Applied Industrial Materials Corporation. Periods of employment begin on the later of October 14, 1997 or the first of the month of the date of hire and end on the last of the month in which the employee terminates.

### **Credited Service**

The period of an employee's employment.

### **Plan Participants' Contributions**

None required or permitted. The employer pays the full cost of the Plan.

Plan Name:	Retirement Plan for Hourly Employees of Profile Products, LLC
EIN / PN:	84-1433208 / 002
Plan Sponsor:	Profile Products, LLC
Valuation Date:	January 1, 2016

# **SCHEDULE SB ATTACHMENTS (cont.)**

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## **Schedule SB, Part V – Summary of Plan Provisions**

### **Normal Retirement Benefit**

Normal Retirement Date: The first of the month coincident/following age 65.

Benefit Formula: A participant's monthly normal retirement pension will be equal to the sum of

a) The greater of

1. \$24.50 for each year of Credited Service earned prior to January 1, 2004, or
2. \$18.00 for each year of Credited Service earned prior to January 1, 2000, plus \$35.00 for a year of Credited Service earned for calendar year 2000, plus \$18.00 for each year of Credited Service earned after December 31, 2000 but prior to January 1, 2004,

plus

b) \$18.00 for each year of Credited Service earned after January 1, 2004.

Proportional amounts will be added for fractions of a year.

Normal Form of Benefit: The normal form of benefit payment shall be a life annuity. Married Participants, unless they elect otherwise, shall receive the actuarial equivalent of this benefit payable as a joint and 50% surviving spouse annuity.

### **Accrued Benefits**

The Participant's Accrued Benefit shall be equal to the Projected Normal Retirement Benefit based on Years of Credited Service and Final Average Annual Compensation at the date of determination.

### **Early Retirement Benefit**

Eligibility: Age 55 and 10 Years of Service.

Benefit: The Participant's Accrued Benefit is actuarially reduced to reflect the earlier commencement of retirement.

### **Vested Benefits Upon Termination of Service**

Vesting: Participants are 100% vested in their Accrued Benefit after completing 5 Years of Service with the Employer.

Plan Name:	Retirement Plan for Hourly Employees of Profile Products, LLC
EIN / PN:	84-1433208 / 002
Plan Sponsor:	Profile Products, LLC
Valuation Date:	January 1, 2016

# **SCHEDULE SB ATTACHMENTS (cont.)**

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## **Schedule SB, Part V – Summary of Plan Provisions**

### **Death Benefits**

Eligibility: Married Participants with 5 Years of Service.

Benefit: Pre-Retirement Surviving Spouse's Benefit: The survivor annuity which would have been provided had the participant terminated the day prior to death, survived to the earliest retirement date and elected to receive a 50% joint and survivor annuity and then died.

### **Optional Forms of Retirement Income in Lieu of Normal Form**

- a) Single Life Annuity, or
- b) Contingent Annuity

### **Changes in Plan Provisions since Last Actuarial Valuation**

None.

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
EIN / PN: 84-1433208 / 002  
Plan Sponsor: Profile Products, LLC  
Valuation Date: January 1, 2016

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2016**

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2016	19,273	7	19,273	3,184
2	Shortfall	01/01/2015	850	6	753	141
3	Shortfall	01/01/2014	(5,109)	5	(3,927)	(855)
4	Shortfall	01/01/2013	44,199	4	27,679	7,376
5	Shortfall	01/01/2012	(48,586)	3	(23,703)	(8,246)
6	Shortfall	01/01/2011	47,449	2	15,283	7,807
7	Shortfall	01/01/2010	(19,145)	1	(3,222)	(3,222)
8	Shortfall	01/01/2009	58,868	0	0	0
Total					32,136	6,185

Plan Name: Retirement Plan for Hourly Employees of Profile Products, LLC  
 EIN / PN: 84-1433208 / 002  
 Plan Sponsor: Profile Products, LLC  
 Valuation Date: January 1, 2016