

<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  <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2017</div> <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
<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 <u>RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PROFILE PRODUCTS, LLC</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/1998</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	<u>002</u>	<b>1c</b> Effective date of plan <u>01/01/1998</u>									
<b>1b</b> Three-digit plan number (PN) ►	<u>002</u>												
<b>1c</b> Effective date of plan <u>01/01/1998</u>													
<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) <u>PROFILE PRODUCTS, LLC</u>  <u>750 LAKE COOK ROAD, SUITE 440</u> <u>BUFFALO GROVE, IL 60089</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>84-1433208</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>847-215-3450</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>325900</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>84-1433208</u>	<b>2c</b> Sponsor's telephone number <u>847-215-3450</u>	<b>2d</b> Business code (see instructions) <u>325900</u>									
<b>2b</b> Employer Identification Number (EIN) <u>84-1433208</u>													
<b>2c</b> Sponsor's telephone number <u>847-215-3450</u>													
<b>2d</b> Business code (see instructions) <u>325900</u>													
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>3b</b> Administrator's EIN</td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> </tr> </table>	<b>3b</b> Administrator's EIN	<b>3c</b> Administrator's telephone number										
<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 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>4b</b> EIN</td> </tr> <tr> <td><b>4d</b> PN</td> </tr> </table>	<b>4b</b> EIN	<b>4d</b> PN										
<b>4b</b> EIN													
<b>4d</b> PN													
<b>5a</b> Total number of participants at the beginning of the plan year .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>5a</b></td> <td style="text-align: center;"><u>53</u></td> </tr> <tr> <td><b>5b</b> Total number of participants at the end of the plan year.....</td> <td style="text-align: center;"><u>53</u></td> </tr> <tr> <td><b>5c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</td> <td></td> </tr> <tr> <td><b>5d(1)</b> Total number of active participants at the beginning of the plan year.....</td> <td style="text-align: center;"><u>32</u></td> </tr> <tr> <td><b>5d(2)</b> Total number of active participants at the end of the plan year .....</td> <td style="text-align: center;"><u>26</u></td> </tr> <tr> <td><b>5e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....</td> <td style="text-align: center;"><u>1</u></td> </tr> </table>	<b>5a</b>	<u>53</u>	<b>5b</b> Total number of participants at the end of the plan year.....	<u>53</u>	<b>5c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<b>5d(1)</b> Total number of active participants at the beginning of the plan year.....	<u>32</u>	<b>5d(2)</b> Total number of active participants at the end of the plan year .....	<u>26</u>	<b>5e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<u>1</u>
<b>5a</b>	<u>53</u>												
<b>5b</b> Total number of participants at the end of the plan year.....	<u>53</u>												
<b>5c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....													
<b>5d(1)</b> Total number of active participants at the beginning of the plan year.....	<u>32</u>												
<b>5d(2)</b> Total number of active participants at the end of the plan year .....	<u>26</u>												
<b>5e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<u>1</u>												

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, 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.	<u>09/20/2018</u>	<u>HELEN CHIN</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor

- 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
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4076608. (See instructions.)

**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>	637461	924459
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	637461	924459
<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>	244366	
<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>	89033	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		333399
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	37474	
<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>	8927	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		46401
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		286998
<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 1I
- 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>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**

**11** 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) ☒ Yes ☐ No

**11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** 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) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

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

**13a** Has a resolution to terminate the plan been adopted in any plan year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

**c** 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)

<b>SCHEDULE SB (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan 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>2017</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

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

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

<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
---	---

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>637194</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>655762</u>	
<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 .....	<u>12</u>	<u>339279</u>	<u>339279</u>
<b>b</b> For terminated vested participants .....	<u>9</u>	<u>84347</u>	<u>84347</u>
<b>c</b> For active participants .....	<u>32</u>	<u>367212</u>	<u>367212</u>
<b>d</b> Total .....	<u>53</u>	<u>790838</u>	<u>790838</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>6.03 %</u>	
<b>6</b> Target normal cost .....	<b>6</b>	<u>16427</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>		
Signature of actuary	<u>07/18/2018</u>	Date
<u>JAMES CAMANN</u>	<u>17-06896</u>	Most recent enrollment number
Type or print name of actuary	<u>303-391-1200</u>	Telephone number (including area code)
<u>TOWERS WATSON DELAWARE INC.</u>		
Firm name		
<u>555 17TH STREET, SUITE 2050</u> <u>DENVER, CO 80202</u>		
Address of the firm		

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

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	1	144
<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	144
<b>10</b> Interest on line 9 using prior year's actual return of <u>5.77</u> % .....	0	8
<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) .....		468
<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>6.24</u> % .....		29
<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 .....		497
<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	152

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	82.90%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	82.90%
<b>16</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>16</b>	95.15%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**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
04/13/2017	9683	0			
07/12/2017	9683	0			
12/28/2017	225000	0			
<b>Totals ►</b>			<b>18(b)</b>	244366	<b>18(c)</b> 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>	231255

**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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	<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>	16427	
<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.....	135229		27107
<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>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	43534	
	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>	43534	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	231255	
<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>	187721	
<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

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2017

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	0		1		0		0		0		0		0		0		0		0	
25 - 29	0		2		1		0		0		0		0		0		0		0	
30 - 34	0		1		0		0		0		0		0		0		0		0	
35 - 39	1		0		0		0		1		0		0		0		0		0	
40 - 44	2		0		1		1		0		0		0		0		0		0	
45 - 49	0		1		2		1		5		0		0		0		0		0	
50 - 54	1		1		0		0		0		0		0		0		0		0	
55 - 59	0		2		1		1		1		0		0		0		0		0	
60 - 64	0		0		0		2		2		0		0		0		0		0	
65 - 69	0		0		1		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		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, 2017

# 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	4.16%	1.52%
■ Second segment rate	5.72%	3.80%
■ Third segment rate	6.48%	4.79%
■ Effective interest rate	6.03%	4.29%
<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, 2017



# 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 2032 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2024 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 2032 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2024 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%

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

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, 2017

## SCHEDULE SB ATTACHMENTS (cont.)

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

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, 2017

# 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 6.65% (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 2016 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, 2017

# SCHEDULE SB ATTACHMENTS (cont.)

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

### Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2017. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

### 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.
----------------------	--

### Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
--------------------------	---

<b>Disabled Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
---------------------------	---

<b>Termination</b>	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
--------------------	---

<b>Retirement</b>	Retirement rates are based on plan sponsor expectations for the future.
-------------------	---

#### Benefit commencement date for deferred benefits:

- |                               |   |
|-------------------------------|---|
| ■ Preretirement death benefit | 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.             |
| ■ Deferred vested benefit     | 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. |

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, 2017

## SCHEDULE SB ATTACHMENTS (cont.)

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

<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.

### Source of Prescribed Methods

<b>Funding methods</b>	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

<b>Change in assumptions since prior valuation</b>	<p>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.</p> <p>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.</p>
<b>Change in methods since prior valuation</b>	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, 2017

<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 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>2017</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

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

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

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

<b>A</b> Name of plan RETIREMENT PLAN FOR HOURLY EMPLOYEES OF PROFILE PRODUCTS, LLC	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>002</u>
<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

<b>Part I Basic Information</b>			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	<b>2a</b>		637,194
b Actuarial value .....	<b>2b</b>		655,762
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment .....	12	339,279	339,279
b For terminated vested participants .....	9	84,347	84,347
c For active participants .....	32	367,212	367,212
d Total .....	53	790,838	790,838
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions .....	<b>4a</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>		
5 Effective interest rate .....	<b>5</b>	6.03%	
6 Target normal cost .....	<b>6</b>	16,427	

**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>	 Signature of actuary	<u>7/18/2018</u> Date 1706896 Most recent enrollment number 303-391-1200 Telephone number (including area code)
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		

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) 2017**

## Part II

### Part III

## Part IV

Equity Shareholders 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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	<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>	16,427	
<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 .....	135,229	27,107	
<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>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	43,534	
	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>	43,534	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	231,255	
<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>	187,721	
<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

---

## 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, 2017
<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**

---

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2017**

See Statement of Actuarial Assumptions/Methods 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, 2017

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

---

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

### **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 April 30, 2017.

### **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. Credited Service shall not include Periods of Employment after April 30, 2017

### **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, 2017

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

---

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

### **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.

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, 2017

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

---

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

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

Vesting Prior to April 30, 2017: Participants are 100% vested in their Accrued Benefit after completing 5 Years of Service with the Employer.

Vesting After April 30, 2017: All participants are 100% vested in their Accrued Benefit.

### **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**

As of April 30, 2017, the plan termination date, all participants are 100% vested in their Accrued Benefit, and the Normal Retirement Pension shall be frozen.

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, 2017

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2017**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2017	107,790	7	107,790	17,700
2 Shortfall	01/01/2016	19,273	6	17,109	3,184
3 Shortfall	01/01/2015	850	5	651	141
4 Shortfall	01/01/2014	(5,109)	4	(3,221)	(855)
5 Shortfall	01/01/2013	44,199	3	21,256	7,376
6 Shortfall	01/01/2012	(48,586)	2	(16,163)	(8,246)
7 Shortfall	01/01/2011	47,449	1	7,807	7,807
8 Shortfall	01/01/2010	(19,145)	0	0	0
Total				135,229	27,107

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, 2017