

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/29/2006</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☒ the final return/report;	
	☒ an amended return/report;	☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>HENKEL CONSUMER GOODS INC. INVESTMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>07/29/2005</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HENKEL CONSUMER GOODS INC.</u> <u>19001 NORTH SCOTTSDALE ROAD</u> <u>SCOTTSDALE, AZ 85255</u>	2b Employer Identification Number (EIN) <u>20-1780049</u>	2c Sponsor's telephone number <u>480-754-3425</u>	2d Business code (see instructions) <u>339900</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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>12/16/2010</u>	<u>KEVIN M. GREELEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HENKEL CONSUMER GOODS INC. 19001 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85255	3b Administrator's EIN 20-1780049 3c Administrator's telephone number 480-754-3425
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	127
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/29/2006		
A Name of plan HENKEL CONSUMER GOODS INC. INVESTMENT PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 HENKEL CONSUMER GOODS INC.	D Employer Identification Number (EIN) 20-1780049	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6430	0
(2) Participant contributions	1b(2)	17957	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	149353	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	95437	0
(9) Value of interest in common/collective trusts.....	1c(9)	18149	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3659919	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3947245	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3947245	0
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	151751	
(B) Participants	2a(1)(B)	411161	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		562912

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	350	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4253	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4603

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		579
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		527618
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1095712

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	556689	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		556689
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	450	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		450
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		557139

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		538573
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		4485818

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HENKEL CORPORATION INVESTMENT PLAN	41-1372525	003

**HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

December 29, 2006 and December 31, 2005

**HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

December 29, 2006 and December 31, 2005

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Mayer Hoffman McCann P.C.

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INDEPENDENT AUDITORS' REPORT

To The Retirement Committee and Participants of

HENKEL CONSUMER GOODS INC. INVESTMENT PLAN

We were engaged to audit the accompanying statements of net assets available for benefits of the ***Henkel Consumer Goods Inc. Investment Plan*** (the "Plan") as of December 29, 2006 and December 31, 2005 and the related statements of changes in net assets available for benefits for the period ended December 29, 2006 and the five month period ended December 31, 2005, and the supplemental schedule as listed in the accompanying index as of December 31, 2005. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by T. Rowe Price Trust Company and Fidelity Management Trust Company ("Fidelity"), the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Fidelity held the Plan's investment assets and executed investment transactions as of December 31, 2005 and for the period of August 1, 2005 to December 31, 2005, and that T. Rowe Price Trust Company held the Plan's investment assets and executed investment transactions as of December 29, 2006 and for the period January 3, 2006 to December 29, 2006. The Plan administrator has obtained certifications from the trustees as of December 29, 2006 and December 31, 2005, for the period ended December 29, 2006 and for the five month period ended December 31, 2005, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Phoenix, Arizona
November 22, 2010

Mayer Hoffman McCann P.C.

**HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 29, 2006 and December 31, 2005

	<u>2006</u>	<u>2005</u>
INVESTMENTS		
Money market fund	\$ -	\$ 149,353
Mutual funds	-	3,659,919
Common collective trust fund	-	18,149
Participant loans	-	95,437
Total investments	<u>-</u>	<u>3,922,858</u>
RECEIVABLES		
Employer contributions	-	6,430
Participant contributions	-	17,957
Total receivables	<u>-</u>	<u>24,387</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 3,947,245</u>

See Notes to Financial Statements

**HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Period Ended December 29, 2006 and the Five Month Period Ended December 31, 2005

	<u>2006</u>	<u>2005</u>
ADDITIONS		
Contributions:		
Employer	\$ 151,751	\$ 46,402
Employee	<u>411,161</u>	<u>181,844</u>
Total contributions	<u>562,912</u>	<u>228,246</u>
Investment income:		
Interest and dividends	179,176	105,660
Net appreciation in fair value of investments	<u>353,624</u>	<u>64,153</u>
Net investment income	<u>532,800</u>	<u>169,813</u>
Total additions	<u>1,095,712</u>	<u>398,059</u>
DEDUCTIONS		
Fees	450	95
Benefits paid to participants	<u>556,689</u>	<u>-</u>
Total deductions	<u>557,139</u>	<u>95</u>
NET INCREASE PRIOR TO TRANSFER OF ASSETS	538,573	397,964
TRANSFER OF ASSETS	<u>(4,485,818)</u>	<u>3,549,281</u>
NET INCREASE (DECREASE)	(3,947,245)	3,947,245
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF PERIOD	<u>3,947,245</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF PERIOD	<u>\$ -</u>	<u>\$ 3,947,245</u>

See Notes to Financial Statements

HENKEL CONSUMER GOODS, INC. INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 29, 2006 and December 31, 2005

(1) Description of the Plan

The following brief description of *Henkel Consumer Goods Inc. Investment Plan* (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

Effective August 1, 2005, Plan participants of the Schwarzkopf & Henkel division of Henkel of America had their Plan assets transferred into the Plan from the Henkel Corporation Investment Plan. As a result of the transfer, approximately \$3.5 million of assets were transferred to the Plan in 2005, thereby establishing the Plan.

Employees of Henkel Consumer Goods Inc. S&H Division, (the "Company") who were not covered by a collective bargaining agreement were eligible to participate in the Plan immediately upon hire. Employees were able to contribute to the Plan by reducing their wages on a pre-tax basis and make after-tax contributions, subject to certain limitations. The Company also contributed a matching amount, subject to certain limitations.

On December 29, 2006, all Plan assets and participant balances were merged into the Henkel Corporation Investment Plan, which is sponsored by Henkel of America, which is an affiliate of Henkel KGaA.

The Plan is subject to various regulations, particularly those under Internal Revenue Code Section 401(k) and the Employee Retirement Income Security Act of 1974 ("ERISA").

- A. **Contributions** – New participants were automatically enrolled in the Plan after a 45-day grace period with a pre-tax contribution of 3%. Participants could choose to opt out of the Plan or opt in at a lower or higher contribution percentage during this grace period and anytime thereafter. Voluntary wage reductions could be elected by the employee. These pre-tax reductions were contributed to the Plan and could range from 1% to 50% of compensation. Company matching contributions were based on employee pre-tax wage reductions and equaled 100% of the first 3% of wage reduction. Each participant could elect an after-tax contribution of between 1% and 50% of compensation. However, at no time could combined pre-tax reductions and after-tax contributions exceed 50% of compensation. Catch-up contributions were permitted for participants of at least 50 years of age. The catch-up provision provided these participants the opportunity to contribute an additional \$5,000 and \$4,000 on a pre-tax basis in 2006 and 2005, respectively. No Company matching contributions were made based on after-tax or catch-up contributions. The Company allowed all contributions to be invested in any of the available funds at any time without restriction. All contributions were limited to the applicable amounts as prescribed by the Internal Revenue Code.
- B. **Payment of benefits** – Benefits could be paid to participants upon termination from the Company, disability, retirement or death.

HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 29, 2006 and December 31, 2005

(1) Description of the Plan (continued)

- C. Participant loans and hardship withdrawals** – The Plan allowed participants to borrow from their account balances in an amount not to exceed the lesser of 50% of their vested balance or \$50,000. The applicable interest rate was determined by the committee responsible for administering the Plan and was equal to the prime rate in effect at various times throughout the year. Loans were to be repaid in equal installments over a maximum of five years, except for loans for purchasing a home, which could be repaid over a maximum of 15 years. All loans were secured by the participant's interest in the Plan. The loans were treated as an earmarked investment of the participant with interest repayments credited proportionately to the original investment funds liquidated to provide the principal. Hardship withdrawals could be made by the participant in the event of a qualified financial hardship.
- D. Vesting** – All employee and Company matching contributions to the Plan were 100% vested and non-forfeitable at all times.
- E. Participant accounts** – For each participant, various accounts were maintained to record wage reduction contributions, Company matching contributions, participant rollover deposits transferred to the Plan, dividend and interest income and the net appreciation or depreciation in the fair value of Plan investments. Each participant's account was credited with the participant's contributions, the Company's matching contributions and an allocation of Plan earnings. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled is the total benefit, which could be provided from the combined amount of these participant accounts less participant loans.
- F. Administration fees** – The Plan was administered by The Retirement Committee, which was comprised of management employees from Henkel of America, Inc. Expenses incidental to the operation of the Plan could be paid by the Plan or directly by the Company. For the period ended December 29, 2006 and the five month period ended December 31, 2005, substantially all expenses, except loan origination fees, were paid by the Company.

(2) Significant accounting policies

The significant accounting policies followed by the Plan are as follows:

Basis of accounting – The Plan's financial statements are prepared using the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

Investment valuation and income recognition – The Plan's investments were stated at fair value. Shares of registered investment companies (mutual funds) were valued at quoted market prices. The common collective trust was stated at unit value, which was based on the current fair values of the underlying assets of the fund. Participant loans were stated at their current face value, which approximate fair value. Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 29, 2006 and December 31, 2005

(2) Significant accounting policies (continued)

Concentration of credit risk – The Plan provided for various investment fund options, which in turn invested in any combination of stocks, bonds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it was at least reasonably possible that changes in risks could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Payment of benefits – Distributions were recorded when paid.

Use of estimates – The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

(3) Investments

Investments that represent 5% or more of the Plan's net assets as of December 31, 2005 are as follows:

FID Independence	\$ 549,637
FID Freedom 2020	473,905
FID Freedom 2030	411,350
Fidelity Magellan	344,657
FID Equity Income	264,364
FID Intermed Bond	239,870
FID Freedom 2010	219,330

During the period ended December 29, 2006 and the five month period ended December 31, 2005, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the period) appreciated in value by \$353,624 and \$64,153, respectively.

(4) Related party transactions

Plan investments included shares of mutual funds managed by T. Rowe Price Trust Company and Fidelity. T. Rowe Price Trust Company and Fidelity were the trustees during 2006 and 2005, respectively, as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

(5) Federal income tax status

The Plan has applied for but not received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code. However, the Plan administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code. As a result, no provision for income taxes has been included in the financial statements.

HENKEL CONSUMER GOODS, INC.
INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 29, 2006 and December 31, 2005

(6) Information certified by trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, T. Rowe Price Trust Company, the trustee of the Plan's assets, has certified that the following data as of December 29, 2006 and for the period from January 3, 2006 to December 29, 2006, included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments:

- Investments, at fair value
- Net appreciation in fair value of investments
- Interest and dividends

Additionally, Fidelity, the prior trustee of the Plan's assets, has certified that the following information as of December 31, 2005 and for the period from August 1, 2005 to December 31, 2005, included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments:

- Investments, at fair value
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of assets (held at end of year)

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

(7) Contingencies

On May 6, 2009, the Plan Administrator received a Notice of Rejection from the Department of Labor (DOL) rejecting the Plan's 2006 Form 5500 for failing to attach an accountant's opinion and audited financial statements. Under ERISA Section 104(c)(5), the DOL may assess a civil penalty when a Plan Administrator refuses or fails to make a revised filing satisfactory to the DOL within 45 days of rejection. The Plan Administrator failed to make such a revised filing of the 2006 Form 5500 within 45 days and the Plan Administrator and Plan Sponsor subsequently received a Notice of Intent to Assess a Penalty (Notice) from the DOL dated September 21, 2009, equal to \$250 per day with a maximum potential penalty of \$86,500.

The Notice required the Plan Administrator to file a Statement of Reasonable Cause (Statement) with the DOL within 35 days of the date of the Notice stating what mitigating circumstances existed and why the penalties should be reduced or waived. The Plan Administrator failed to file its Statement within the 35 days requesting the penalties be waived. The Plan Administrator received notification of payment due for penalties assessed on April 1, 2010. On April 30, 2010 Henkel of America paid the full penalty due, including administrative fees and interest of \$86,715.

SUPPLEMENTAL SCHEDULE

HENKEL CONSUMER GOODS, INC.

INVESTMENT PLAN

EIN: 20-1780049

Plan #002

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

December 31, 2005

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Money market fund			
*	Fidelity Ret Govt MM	Money Markey Fund (149,353 shares)	**	\$ 149,353
	Common/collective trust fund			
*	FID MGD Inc Port II	CCT Fund (18,149 shares)	**	18,149
	Mutual Funds			
	Templeton Foreign A	Mutual Fund (2,054 shares)	**	26,053
	Managers Special EQ	Mutual Fund (470 shares)	**	40,823
	MSI Emerging Mkts B	Mutual Fund (6,001 shares)	**	150,493
	Pimco High Yield ADM	Mutual Fund (37 shares)	**	361
	Templeton Growth A	Mutual Fund (1,311 shares)	**	30,084
	Calamos Growth A	Mutual Fund (1,397 shares)	**	76,909
	VK Growth & Income A	Mutual Fund (2,383 shares)	**	48,942
	ABF Sm Cap Val PA	Mutual Fund (1,069 shares)	**	21,417
*	FID Puritan	Mutual Fund (658 shares)	**	12,316
*	Fidelity Magellan	Mutual Fund (3,238 shares)	**	344,657
*	FID Contrafund	Mutual Fund (2,676 shares)	**	173,297
*	FID Equity Income	Mutual Fund (5,009 shares)	**	264,364
*	FID Growth & Income	Mutual Fund (2,227 shares)	**	76,616
*	FID Intermed Bond	Mutual Fund (23,311 shares)	**	239,870
*	FID Value	Mutual Fund (2,016 shares)	**	152,959
*	FID Independence	Mutual Fund (27,971 shares)	**	549,637
*	FID Overseas	Mutual Fund (515 shares)	**	21,429
*	FID Intl Discovery	Mutual Fund (568 shares)	**	17,983
*	FID Cap Depreciation	Mutual Fund (519 shares)	**	13,037
*	Fidelity Low Pr STK	Mutual Fund (2,584 shares)	**	105,542
*	FID Freedom Income	Mutual Fund (920 shares)	**	10,464
*	FID Freedom 2010	Mutual Fund (15,611 shares)	**	219,330
*	FID Freedom 2020	Mutual Fund (32,217 shares)	**	473,905
*	FID Freedom 2030	Mutual Fund (27,387 shares)	**	411,350
	SPTN EXTND MKT Index	Mutual Fund (123 shares)	**	4,276
	Spartan US EQ Index	Mutual Fund (597 shares)	**	26,363
*	FID Freedom 2040	Mutual Fund (9,317 shares)	**	82,272
*	FID Freedom 2015	Mutual Fund (1,299 shares)	**	15,009
*	FID Freedom 2025	Mutual Fund (2,634 shares)	**	31,506
*	FID Freedom 2035	Mutual Fund (1,525 shares)	**	18,655
	Total Mutual Funds			3,659,919
	Participant Loans			
	Participant loans	Participant loans (Interest at 4.25% to 9.5% maturing through November 2009)	-0-	95,437
				\$ 3,922,858

* Represents a party-in-interest

** Cost information is not required for participant-directed investments

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

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

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2006

**This Form is Open to
Public Inspection.**

For the calendar plan year 2006
or fiscal plan year beginning

01 01 2006 and ending

12 29 2006

A Name of plan *Henkel Consumer Goods Inc. Investment Plan*

B Three-digit plan number ► *002*

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

Henkel Consumer Goods Inc.

D Employer Identification Number

20 1780049

Part I Distributions

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

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

0

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

04 6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No N/A
If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver

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

6a Enter the minimum required contribution for this plan year

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

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

If you completed line 6c, skip lines 7 and 8 and complete line 9.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24419B Schedule R (Form 5500) 2006



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

Part III Amendments

- 8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) Increase Decrease No

Part IV Coverage (See instructions.)

- 9 Check the box for the test this plan used to satisfy the coverage requirements:
- the ratio percentage test average benefit test

