

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>04/01/2009</u> and ending <u>03/31/2010</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>ALBERTO-CULVER HOURLY PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
	1c Effective date of plan	<u>04/01/1976</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD</u> <u>2525 ARMITAGE AVE</u> <u>MELROSE PARK, IL 60160</u>	2b Employer Identification Number (EIN) <u>36-3664158</u>	2c Sponsor's telephone number <u>708-450-3000</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>01/14/2011</u>	<u>JOSEPH D. MEAD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>01/14/2011</u>	<u>JOSEPH D. MEAD</u>
	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") ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD 2525 ARMITAGE AVE MELROSE PARK, IL 60160	3b Administrator's EIN 36-3664158 3c Administrator's telephone number 708-450-3000
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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	626
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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	195
b Retired or separated participants receiving benefits.....	6b	132
c Other retired or separated participants entitled to future benefits.....	6c	276
d Subtotal. Add lines 6a , 6b , and 6c	6d	603
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	16
f Total. Add lines 6d and 6e	6f	619
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants 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:
 1B 1G

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)

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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

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

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

A Name of plan <u>ALBERTO-CULVER HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD</u>	D Employer Identification Number (EIN) <u>36-3664158</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>10132076</u>
b	Actuarial value 2b <u>11145284</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>139</u> <u>5458027</u>
b	For terminated vested participants 3b <u>280</u> <u>2848007</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>194710</u>
(2)	Vested benefits 3c(2) <u>5428793</u>
(3)	Total active 3c(3) <u>207</u> <u>5623503</u>
d	Total 3d <u>626</u> <u>13929537</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.95</u> %
6	Target normal cost 6 <u>40000</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.

SIGN HERE	<u>12/21/2010</u>
Signature of actuary	Date
<u>MELISSA B. ELBERT, F.S.A.</u>	<u>08-06051</u>
Type or print name of actuary	Most recent enrollment number
<u>AON HEWITT</u>	<u>312-381-4882</u>
Firm name	Telephone number (including area code)
<u>200 EAST RANDOLPH STREET SUITE 900</u> <u>CHICAGO, IL 60601</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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	210132	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	210132	0
10	Interest on item 9 using prior year's actual return of <u>-28.50</u> %	-59888	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		120889
b	Interest on (a) using prior year's effective rate of <u>6.19</u> %		7483
c	Total available at beginning of current plan year to add to prefunding balance		128372
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	150244	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	78.93 %
15	Adjusted funding target attainment percentage.....	15	78.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	81.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2009	146940				
10/15/2009	88164				
01/14/2010	88164				
10/28/2010	725000				
			Totals ►	18(b)	1048268
				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 contribution 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 953655
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	40000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2098725	409560
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	449560
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	81432	0
36 Additional cash requirement (item 34 minus item 35).....	36	368128
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	953655
38 Interest-adjusted excess contributions for current year (see instructions).....	38	585527
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010		
A Name of plan ALBERTO-CULVER HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD	D Employer Identification Number (EIN) 36-3664158	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
WELLS FARGO FUNDS MANAGEMENT, LLC	525 MARKET STREET SAN FRANCISCO, CA 94105

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 52	NONE	35133	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan <u>ALBERTO-CULVER HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD</u>	D Employer Identification Number (EIN) <u>36-3664158</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. AGGREGATE BOND INDEX FUND G</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>20-5699010-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3616112</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND G</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2265233-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2448422</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH INDEX FUND G</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2265232-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2009141</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE INDEX FUND G</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2265227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4595958</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY INDEX FUND G</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>52-2265229-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>461691</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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 04/01/2009 and ending 03/31/2010		
A Name of plan ALBERTO-CULVER HOURLY PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD	D Employer Identification Number (EIN) 36-3664158	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	415066	725000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	136	27
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	273333	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)		
(9) Value of interest in common/collective trusts.....	1c(9)	9456668	13131324
(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)	0	393378
(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	10145203	14249729

Liabilities

g Benefit claims payable	1g	0	161858
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	6987	9445
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6987	171303

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10138216	14078426
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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)	1048268	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1048268

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)	754	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		754

(3) Rents	2b(3)		
-----------------	--------------	--	--

(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)		3761797
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4810819

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	835476	
(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)		835476
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)	35133	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35133
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		870609

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3940210
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: KPMG LLP

(2) EIN: 13-5565207

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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....			
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)

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 section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan <u>ALBERTO-CULVER HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALBERTO-CULVER USA, INC. C/O JOSEPH MEAD</u>	D Employer Identification Number (EIN) <u>36-3664158</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1347393</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ALBERTO-CULVER HOURLY PENSION PLAN

Financial Statements and Supplemental Schedules

March 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

ALBERTO-CULVER HOURLY PENSION PLAN

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KPMG LLP
303 East Wacker Drive
Chicago, IL 60601-5212

Independent Auditors' Report

The Alberto Culver Company Retirement Plans' Committee and
Administrator of the Alberto Culver Hourly Pension Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Alberto Culver Hourly Pension Plan (the Plan) as of March 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of March 31, 2010, Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year) as of March 31, 2010 and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended March 31, 2010. These financial statements and supplemental schedules 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 investment information summarized in note 9, which was certified by Wells Fargo Bank, NA, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended March 31, 2010 and 2009, that the information provided by the plan administrator by the Trustee 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

KPMG LLP

Chicago, Illinois
January 14, 2011

ALBERTO-CULVER HOURLY PENSION PLAN

Statements of Net Assets Available for Benefits

March 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Cash equivalents	\$ 393,378	273,333
Common collective trusts	<u>13,131,324</u>	<u>9,456,668</u>
Total investments, at fair value	13,524,702	9,730,001
Receivables:		
Employer contributions	725,000	415,066
Accrued interest receivable	<u>27</u>	<u>136</u>
Total assets	14,249,729	10,145,203
Liabilities:		
Benefits payable	161,858	—
Administrative expenses	<u>9,445</u>	<u>6,987</u>
Net assets available for benefits	<u>\$ 14,078,426</u>	<u>10,138,216</u>

See accompanying notes to financial statements.

ALBERTO-CULVER HOURLY PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended March 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 3,761,797	(4,028,024)
Dividends and interest income	754	5,881
Total investment income (loss)	<u>3,762,551</u>	<u>(4,022,143)</u>
Contributions:		
Employer contributions	1,048,268	514,729
Plan merger	—	11,624,005
Total contributions	<u>1,048,268</u>	<u>12,138,734</u>
Deductions:		
Benefits paid to participants	(835,476)	(579,835)
Administrative expenses	(35,133)	(32,094)
Total deductions	<u>(870,609)</u>	<u>(611,929)</u>
Net increase	3,940,210	7,504,662
Net assets available for benefits beginning of year	<u>10,138,216</u>	<u>2,633,554</u>
Net assets available for benefits end of year	<u>\$ 14,078,426</u>	<u>10,138,216</u>

See accompanying notes to financial statements.

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

(1) Description of the Plan

The following description of the Alberto-Culver Hourly Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined benefit plan covering eligible hourly employees of Alberto-Culver USA, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the Plan's pension benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC).

The Company is the plan administrator. The investment assets of the Plan were held and invested by Wells Fargo Bank, N.A. (Wells Fargo). Wells Fargo is the Trustee of the Plan. The Company has granted the Trustee discretionary authority concerning the purchases and sales of the Plan's investments.

Effective April 1, 2008, by unanimous consent of the Board of Directors of the Company adopted on March 3, 2008, the Alberto-Culver Local 9777 Pension Plan (the Union Plan) was merged into the Plan. Furthermore, the assets of the Union Plan Trust were transferred and merged into the Alberto-Culver Hourly Pension Plan Trust on April 24, 2008.

Pursuant to the collective bargaining agreement entered into between the Company and the Local 9777 of the United Steelworkers of America (the Union) effective May 1, 2007, no Union employees hired on or after January 1, 2008 are eligible to participate in the Plan, and no additional benefit service is credited under the Plan after such date. Plan participants not vested as of January 1, 2008 will be credited for future years of service for vesting purposes only.

The purpose of the Plan is to provide retirement income to participants with a minimum of five years of vesting service. If participants terminate before rendering five years of vesting service, they forfeit their rights to pension benefits.

Participants with a minimum of five years of vesting service are entitled to pension benefits beginning at the normal retirement age (65), equal to the years of benefit service multiplied by the benefit factor in effect at the time the participant's employment is terminated (or the participant ceases to be a participant in the Plan). Participants who continue to work past their normal retirement dates shall commence benefits no later than the April 1 following the calendar year in which they attain age 70½. The amount of required distributions shall be based on the benefit factor in effect the April 1 following the calendar year in which the participant attains age 70 ½. Early retirement benefits and disability retirement benefits are also available to participants in the Plan.

Participants with a minimum of 10 years of vesting service are eligible to receive early retirement benefits upon attaining age 60. The amount of an early retirement benefit will be the actuarial equivalent to the amount of a normal retirement benefit the participant would have been able to collect if the participant had waited until attaining age 65.

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

A participant who becomes continuously and permanently disabled, while employed by the Company, and has at least 10 years of vesting service may apply for a disability retirement benefit. The amount of a disability retirement benefit will be equal to that computed for a normal retirement benefit, based on the participant's benefit service up to the date of retirement for disability, and the benefit factor in effect at that time.

Participants who are single when they retire must take their retirement benefits as a single-life annuity. Participants who are married at the time they are eligible for retirement benefits may elect to receive joint and 50% survivor annuities. The amount of the initial pension benefit to a participant under a joint and 50% survivor annuity is the actuarial equivalent to the pension benefit payable under a single-life annuity. As such, the joint and 50% survivor annuity's initial pension benefit will be less than that payable under a single-life annuity. However, the joint and 50% survivor annuity will pay a pension benefit to a participant's surviving spouse equal to 50% of the initial pension benefit.

As a result of the Pension Protection Act of 2006, a married participant whose annuity starting date is on or after April 1, 2008 may elect to receive an annuity for the life of the participant with a survivor annuity for the life of his or her eligible surviving spouse, which is equal to 75% of the amount of the pension benefit payable during the joint lives of the married participant and his or her spouse and which is actuarially equivalent to the amount of the single-life annuity otherwise payable for the life of the married participant.

Pursuant to the collective bargaining agreement entered into between the Company and the Union effective May 1, 2007, effective April 1, 2008, Union employees were eligible for a Rule of 85 retirement provision (length of service plus age equals 85 or more) to allow those Union employees meeting the requirements of this provision the option to retire before their normal retirement age without a reduction in pension benefits. The Rule of 85 retirement provision expired on March 31, 2010.

(b) *Funding Policy*

Company contributions are made based on a determination by the Plan's consulting actuary and are in accordance with Plan requirements and the minimum funding provisions of the Internal Revenue Code, as amended (the Code) and ERISA. At the plan administrator's discretion, amounts in excess of the minimum required contributions may be made from time to time. Participants are not permitted to make contributions to the Plan.

(c) *Administrative Expenses*

The Trustee charges certain administrative fees that are paid by the Plan. All other Plan-related expenses are paid by the Company, which is a party-in-interest. These other expenses, which are not reflected in the accompanying financial statements, constitute exempt party-in-interest transactions under ERISA.

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements of the Plan are prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

(b) *Asset Valuation and Income Recognition*

Cash equivalents are recorded at fair value. They represent investments in institutional money market funds, which are actively traded and have quoted market prices.

The Plan's common/collective trust funds are stated at fair value. Fair value of these pooled separate accounts is measured by the net unit value, which is based on the fair value of the underlying assets of the accounts.

The carrying value of receivables approximates their fair value, given the short maturity of those instruments.

Net appreciation (depreciation) in fair value of investments includes gains and losses on investments bought and sold as well as those held during the year. Purchases and sales of investments in the Plan are recorded on their trade dates. When investments are sold, the difference between the original cost (computed on an average cost basis) and the proceeds received is recorded as a realized gain or loss.

Interest and dividends are recorded when earned.

(c) *Recently Adopted Accounting Pronouncement*

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standards (SFAS) No. 168, "The *FASB Accounting Standards Codification*TM and the Hierarchy of Generally Accepted Accounting Principles—a Replacement of FASB Statement No. 162." SFAS No. 168 establishes the *FASB Accounting Standards Codification*TM (the Codification) as the sole source of authoritative accounting principles recognized by the FASB. The Codification is effective for periods ending after September 15, 2009; therefore, all references to GAAP literature in this report have been updated to reflect the new Codification numbering system.

(d) *Payment of Benefits*

Benefit payments to participants are generally recorded upon distribution from the Plan. For the year ended March 31, 2010, benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits also includes the benefits payable described in note 10.

(e) *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires the use of estimates and assumptions that may affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits and actuarial present value of accumulated plan benefits during the reporting period and related disclosures. Actual results could differ from those estimates.

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

(f) *Risks and Uncertainties*

The Plan invests in various forms of investments. These investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

(3) **Fair Value Measurements**

On April 1, 2008, the Plan adopted the new accounting guidance related to fair value measurements. This guidance, which is included in FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value, and enhances disclosures about fair value measures required under other accounting pronouncements. The adoption of this guidance did not have a material effect on the Plan's financial statements. FASB ASC Topic 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

FASB ASC 820 also classifies the inputs used to measure fair value into the following hierarchy:

- Level 1 – Quoted prices for identical instruments in active markets;
- Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs are observable in active markets; and
- Level 3 – Valuations based on inputs that are unobservable, generally utilizing pricing models or other valuation techniques that reflect management's judgment and estimates.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2010 and 2009, respectively:

March 31, 2010				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 393,378	—	—	393,378
Common/collective trust funds	—	13,131,324	—	13,131,324
Total investments measured at fair value	\$ 393,378	13,131,324	—	13,524,702

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

	March 31, 2009			Total
	Level 1	Level 2	Level 3	
Cash equivalents	\$ 273,333	—	—	273,333
Common/collective trust funds	—	9,456,668	—	9,456,668
Total investments measured at fair value	\$ 273,333	9,456,668	—	9,730,001

The valuation techniques used to measure fair value of cash equivalents and common/collective trust funds are described in note 2(b). All of the Plan's investments can be redeemed with no restrictions.

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits for the year ended March 31, 2010 was determined on April 1, 2009.

The actuarial present value of accumulated plan benefits for the years ended March 31, 2009 and 2008 is as follows:

	2009	2008
Vested benefits:		
Participants currently receiving benefits	\$ 5,666,730	4,995,894
Other participants	8,810,559	9,288,122
	14,477,289	14,284,016
Nonvested benefits	206,982	570,378
Total actuarial present value of accumulated plan benefits	\$ 14,684,271	14,854,394

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

Information regarding the change in the actuarial present value of accumulated plan benefits for the year ended March 31, 2009 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 14,854,394
Increase (decrease) during the year attributed to:	
Actuarial gains	(710,775)
Benefits paid	(579,835)
Change in actuarial assumptions	26,426
Net interest	<u>1,094,061</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 14,684,271</u>

The significant actuarial assumptions underlying the computations used in calculating the actuarial present value of accumulated plan benefits for the years ended March 31, 2009 and March 31, 2008 were (a) assumed rate of return on investments; (b) retirement at age 65; and (c) assumed mortality rates.

For the year ended March 31, 2008, a 7.5% rate of return on investments was assumed and the RP-2000 IRS PPA @ 2008 Non-Annuitant/Annuitant Tables for Males and Females was utilized. For the year ended March 31, 2009, a 7.5% rate of return on investments was assumed and the RP-2000 IRS PPA @ 2009 Non-Annuitant/Annuitant Tables for Males and Females was utilized.

The calculation of the present value of accumulated vested benefits (benefits to which participants are entitled regardless of future service with the Company) and the total accumulated plan benefits under the Plan were made by the Plan's consulting actuary using the unit cost actuarial credit method.

(5) Party-In-Interest Transactions

The Plan's primary investments are shares of common/collective funds managed by the Trustee. Transactions between the Plan and the Trustee qualify as party-in-interest transactions. For the years ended March 31, 2010 and 2009, fees paid by the Plan for investment management and administration services amounted to \$35,133 and \$32,094, respectively.

(6) Plan Termination

It is the intent of the Company that the Plan continues into the future; however, the Company reserves the right to terminate the Plan. In the event the Plan is terminated, the assets of the Plan, less expenses of administration and liquidation, would be allocated to the participants in accordance with the terms of the Plan and the requirements of ERISA. To the extent unfunded vested benefits exist, ERISA provides that such benefits, within specified limitations, become payable to participants by the PBGC.

(7) Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service, dated February 27, 2003, indicating that the Plan is qualified under Section 401(a) of the Code and exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

operated in compliance with the requirements of the Code. Furthermore, the plan administrator is not aware of any activity or transactions that may adversely affect the qualified status of the Plan.

As described in note 10(b), the plan administrator corrected a compliance issue under the Internal Revenue Service's Employee Plans Compliance Resolution System (EPCRS) program. The plan administrator and qualified counsel believe that the Plan is currently operating in compliance with its terms and that this operational plan compliance issue does not adversely affect the qualified tax status of the Plan.

(8) Information Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- a. Investments, as shown in the Statement of Net Assets Available for Benefits as of March 31, 2010.
- b. Investment income (loss), as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended March 31, 2010.
- c. Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of March 31, 2010.
- d. Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of within Year) as of March 31, 2010.
- e. Schedule H, line 4j – Schedule of Reportable Transactions for the year ended March 31, 2010.

The Plan's independent auditors 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 schedules.

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

(9) Other Investment Related Disclosures

The fair value of investments as of March 31, 2010 and 2009 are as follows:

	<u>2010</u> ⁽²⁾	<u>2009</u> ⁽²⁾
Cash equivalents:		
Wells Fargo Advantage Prime Money Market Fund	\$ 393,378	273,333
Equity investments:		
Wells Fargo Large Cap Value Index Fund ⁽¹⁾	4,595,958	3,295,294
Wells Fargo International Equity Index Fund	461,691	342,523
Wells Fargo Large Cap Growth Index Fund ⁽¹⁾	2,009,141	1,446,781
Wells Fargo Russell 2000 Index Fund ⁽¹⁾	2,448,422	1,839,303
Fixed income investments:		
Wells Fargo US Aggregate Bond Index Fund ⁽¹⁾	3,616,112	2,532,767
	<u>\$ 13,524,702</u>	<u>9,730,001</u>

⁽¹⁾ Investment as of March 31, 2010 and 2009 that represents more than 5% of plan net assets.

⁽²⁾ Information certified by the Trustee to the plan administrator as complete and accurate.

During the years ended March 31, 2010 and 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
Equity funds	\$ 3,525,028	(4,088,736)
Fixed income fund	236,769	60,712
Net appreciation (depreciation) in fair value of investments	<u>\$ 3,761,797</u>	<u>(4,028,024)</u>

(10) Subsequent Events

- (a) Pursuant to the collective bargaining agreement entered into between the Company and the Union effective May 1, 2010, Union employees who are eligible to receive benefits can elect to receive their pension benefit in a lump sum in lieu of the annuity options described in note 1(a). This lump sum benefit option expires December 31, 2011.

ALBERTO-CULVER HOURLY PENSION PLAN

Notes to Financial Statements

March 31, 2010 and 2009

- (b) Subsequent to the year ended March 31, 2010, the plan administrator identified a compliance issue with the Plan in which employed participants who were at least 70½ years of age were not receiving required distributions. Pursuant to the Plan, a participant shall commence receiving benefits no later than the April 1 following the calendar year in which the participant attains age 70½, regardless of whether the participant is still employed. On January 10, 2011, the plan administrator, in accordance with the EPCRS program, corrected this compliance issue by distributing \$161,858 in accumulated retroactive distributions to which affected participants were entitled. This amount is reflected as benefits payable in the Statement of Net Assets Available for Benefits as of March 31, 2010 and is included as part of benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits for the year ended March 31, 2010.
- (c) On September 27, 2010, the Company entered into a definitive agreement with Unilever N.V., Unilever PLC and other related companies (collectively referred to as Unilever), pursuant to which Unilever will acquire all of the outstanding shares of the Company's common stock. This transaction is structured as a merger whereby a subsidiary of Unilever's U.S. operating company will merge with and into the Company, with the Company surviving as a wholly owned subsidiary of Unilever. According to the terms of the pending transaction with Unilever, the Plan shall remain in effect pursuant to the collective bargaining agreement referenced above.
- (d) The plan administrator has evaluated potential additional subsequent events and determined that as of January 14, 2011, no significant subsequent events have occurred requiring adjustments to the financial statements or disclosures.

Supplemental Schedule 1

ALBERTO-CULVER HOURLY PENSION PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
March 31, 2010

<u>Identity of issues, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Number of shares</u>	<u>Cost</u>	<u>Market value</u>
* Wells Fargo	Large Cap Value Index Fund	402,801 shares	\$ 4,997,740	4,595,958
* Wells Fargo	US Aggregate Bond Index Fund	293,754 shares	3,168,548	3,616,112
* Wells Fargo	Russell 2000 Index Fund	170,741 shares	2,318,625	2,448,422
* Wells Fargo	Large Cap Growth Index Fund	245,017 shares	1,955,860	2,009,141
* Wells Fargo	International Equity Index Fund	36,671 shares	392,850	461,691
* Wells Fargo	Advantage Prime Money Market Fund	393,378 shares	393,378	393,378
			<u>\$ 13,227,001</u>	<u>13,524,702</u>

* Represents a party-in-interest.

See accompanying independent auditors' report.

ALBERTO-CULVER HOURLY PENSION PLAN

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

March 31, 2010

Identity of party involved	Description of asset	Purchase price	Sale price	Cost of asset	Net gain (loss)
Single transactions in excess of 5% of the value of the Plan assets:					
Wells Fargo	Large Cap Value Index Fund	\$ —	676,494	1,030,193	(353,699)
Wells Fargo	Large Cap Value Index Fund	895,251	—	895,251	—
Wells Fargo	International Equity Index Fund	1,448,942	—	1,448,942	—
Wells Fargo	International Equity Index Fund	—	1,858,098	1,645,067	213,031
Series of transactions:					
Wells Fargo	Advantage Prime Money Market Fund	1,191,093	—	1,191,093	—
Wells Fargo	Advantage Prime Money Market Fund	—	1,071,047	1,071,047	—
Wells Fargo	US Aggregate Bond Index Fund	1,201,469	—	1,201,469	—
Wells Fargo	US Aggregate Bond Index Fund	—	354,894	314,493	40,401
Wells Fargo	Large Cap Value Index Fund	962,723	—	962,723	—
Wells Fargo	Large Cap Value Index Fund	—	1,144,654	1,673,960	(529,306)
Wells Fargo	Large Cap Growth Index Fund	470,408	—	470,408	—
Wells Fargo	Large Cap Growth Index Fund	—	513,105	638,026	(124,921)
Wells Fargo	International Equity Index Fund	1,646,444	—	1,646,444	—
Wells Fargo	International Equity Index Fund	—	2,022,659	1,791,064	231,595
Wells Fargo	Russell 2000 Index Fund	472,098	—	472,098	—
Wells Fargo	Russell 2000 Index Fund	—	804,971	990,748	(185,777)

See accompanying independent auditors' report.

Supplemental Schedule 3

ALBERTO-CULVER HOURLY PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended March 31, 2010

Identity of party involved	Description of asset	Cost of asset	Proceeds of dispositions
Wells Fargo	Advantage Prime Money Market Fund	\$ 1,071,047	1,071,047
Wells Fargo	US Aggregate Bond Index Fund	314,493	354,894
Wells Fargo	Large Cap Value Index Fund	1,673,960	1,144,654
Wells Fargo	Large Cap Growth Index Fund	638,026	513,105
Wells Fargo	International Equity Index Fund	1,791,064	2,022,659
Wells Fargo	Russell 2000 Index Fund	990,748	804,971

See accompanying independent auditors' report.

Schedule SB, Line 24 - Change in Actuarial Assumptions

1. An expense load equal to \$40,000 was added to the Target Normal Cost in anticipation of the administrative expenses expected to be paid from the plan's assets. This assumption was \$0 for the 2008 Plan Year.

Schedule SB, Line 25 - Change in Method

2. The asset valuation method was changed from market value to the average of fair market values as defined in IRS Notice 2009-22.
3. The discount rate basis was changed from the three-segmented yield curve with a 2-month lookback to the full yield curve with a 4-month lookback.
4. Effective with the April 1, 2009 valuation for the Alberto-Culver Hourly Pension Plan, Aon Consulting changed actuarial software from an internal software program to the externally based ProVal system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since (1) the changes in funding target and target normal cost were each within 2%, (2) the underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval, (3) the calculations determined with this software are no less accurate than those produced under the prior valuation system, and (4) the change was not made in conjunction with a change in enrolled actuary and actuarial firm.

Plan Sponsor: Alberto-Culver USA, INC.
Plan Name: Alberto-Culver Hourly Pension Plan
EIN / Plan Number: 36-3664158 / 003

Schedule SB, Line 26 - Schedule of Active Participant Data

[illegible]

Plan Sponsor: Alberto-Culver USA, INC.
Plan Name: Alberto-Culver Hourly Pension Plan
EIN / Plan Number: 36-3664158 / 003

Schedule SB, Line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
04/01/2008	6	5.03551	\$2,108,525	\$1,775,802	\$352,656
04/01/2009	7	5.67486	\$322,923	\$322,923	\$56,904
Total				\$2,098,725	\$409,560

¹ Calculated using the segment interest rates for the current Plan Year.

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

Cost Method

Funding Target: Traditional Unit Credit.

Asset Method

Funding: The actuarial value of assets is calculated under a smoothed market value method by starting with market value of assets at April 1, 2007. For subsequent years, the value is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each each of the last two years at the rate of 33.33% per year. The actuarial value is subject to a restriction that it not be less than 90% nor more than 110% of market value.

Dates of Calculations

Funding: The Valuation Date is April 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work 1,600 Hours in all future years.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, Wells Fargo.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the April 1, 2009 valuation.

Interest Rates	Assumption
(1) Funding	
(a) PPA Funding Target	Full Yield Curve for November 2008
(b) PPA Effective Rate	7.95%
(2) FAS 35	7.50%

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding Target and FAS 35	RP-2000 IRS PPA @ 2009 Non-Annuitant /Annuitant Tables for Males and Females

—Retirement ¹ —		—Disability—			—Termination—		
Decrement		Decrement	Male	Female	Decrement	Male	Female
Age	Rates	Age	Rates	Rates	Age	Rates	Rates
65	1.00000	25	0.000300	0.000500	25	0.172536	0.172747
		40	0.000700	0.001000	40	0.113262	0.113835
		55	0.003600	0.004900	55	0.021569	0.025159
		65	0.000000	0.000000	65	0.008826	0.017354

The weighted average retirement age is 65. Sample Retirement, Disability, and Termination rates are illustrated in the tables above.

¹ Union participants eligible for enhanced Rule of 85 retirement were assumed to have a 25% chance of retiring during the plan year.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Expenses

Expenses of \$40,000 are expected to be paid from the Trust.

Form of Benefit Payment

All participants are assumed to elect the Normal Form.

For the purpose of valuing death benefits, 90% of the employees are assumed to be married. Wives are assumed to be 5 years younger than their husbands.

Other Considerations

For the purpose of valuing death benefits, 90% of the employees are assumed to be married. Wives are assumed to be 5 years younger than their husbands.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Changes in Valuation Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

- (1) Mandated assumptions were changed as shown below.

	04/01/2009	04/01/2008
Funding Target	Full Yield Curve for November 2008	Segment Rates (5.28%, 5.95%, 6.45%)
Mortality	RP-2000 IRS PPA @ 2009 Non-Annuitant/Annuitant tables for Males and Females	RP-2000 IRS PPA @ 2008 Non-Annuitant/Annuitant tables for Males and Females

PPA segment rates are as of the valuation date and do not reflect the transition rule available under 1.430(h)(2)-1(g)(3). As this transition rule, which typically produces larger liabilities, was not reflected, then the Plan Sponsor will need to confirm this election in writing to Aon.

- (2) FAS 35 Assumptions were changed as shown below.

	04/01/2009	04/01/2008
Mortality	RP-2000 IRS PPA @ 2009 Non-Annuitant/Annuitant tables for Males and Females	RP-2000 IRS PPA @ 2008 Non-Annuitant/Annuitant tables for Males and Females

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes plan provisions assumed in calculating the cost of the Hourly Pension plan.

Effective Date

The effective date of the plan is April 1, 1976. Effective December 31, 2007 benefit accruals were frozen in both the Hourly and Union Plans. Effective March 31, 2008, the Union Plan was merged into the Hourly Plan.

Plan Year

A period commencing on April 1 and ending on the following March 31.

Eligibility for Participation

Hourly: Each hourly employee of the Company who is not covered under a union contract will be eligible for coverage on the first April 1 coincident with or next following his completion of 6 months of employment and attainment of age 20½.

Union: Each employee of the Company who is a member of the United Steel Workers of America, Local 9777, will be eligible for coverage on the first April 1 coincident with or next following his completion of 6 months of employment and his attainment of age 20½.

Effective December 31, 2007, no new entrants are permitted to participate in the plan.

Employee Contributions

There are no employee contributions allowed in this plan.

Vesting Service

Vesting service means employment for which an employee received credit for determining his eligibility for benefits. An employee is credited with one year of vesting service upon completion of 1,000 hours of service in any plan year in which he is at least 18 years of age.

In the event a nonvested participant incurs consecutive one-year breaks in service equal to the greater of five or the number of his years of vesting service, such vesting service will be cancelled.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Benefit Service

For Plan Years Beginning Before April 1, 1997— Benefit service means employment for which an employee received credit for determining the amount of his benefit. An employee is credited with one year of benefit service for each plan year during which he completes 2,000 hours of service. An employee who completes at least 1,000 hours of service but less than 2,000 hours will be credited with benefit service in the proportion that his actual hours bear to 2,000. An employee credited with less than 1,000 hours of service in a plan year receives no benefit service credit for that plan year.

For Plan Years Beginning On or After April 1, 1997 – Benefit service means employment for which an employee received credit for determining the amount of his benefit. An employee is credited with one year of benefit service for each plan year during which he completes 1,600 hours of service. An employee who completes at least 800 hours of service but less than 1,600 hours will be credited with benefit service in the proportion that his actual hours bear to 1,600. An employee credited with less than 800 hours of service in a plan year receives no benefit service credit for that plan year.

If a portion of an employee's years of vesting service is disregarded in accordance with the vesting service provisions, his benefit service for the same period will also be disregarded.

Normal Retirement Date

The day of the participant's 65th birthday.

Employment After Normal Retirement Date

Employment may be continued after the normal retirement date, and, in such case, pension payments shall commence on the first day of the month following the participant's last day of full-time employment. The deferred retirement pension will be based on the benefit service credited to the actual date of retirement.

Normal Retirement Benefit

Eligibility - Participants are eligible for the normal retirement benefit if they retire on or after their normal retirement date.

Monthly benefit amount - the normal retirement benefit, payable as a single life annuity, for Hourly participants is equal to:

For a participant retiring during the period beginning April 1, 1995, the monthly retirement pension will be equal to \$15.75 times benefit service performed on or after the effective date, plus \$14.00 times benefit service credited prior to the effective date.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

For a participant retiring during the period beginning April 1, 1996, the monthly retirement pension will be equal to \$16.75 times benefit service performed on or after the effective date, plus \$15.50 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 1997, the monthly retirement pension will be equal to \$17.75 times benefit service performed on or after the effective date, plus \$17.75 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 1998, the monthly retirement pension will be equal to \$21.00 times benefit service performed on or after the effective date, plus \$21.00 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 1999, the monthly retirement pension will be equal to \$22.50 times benefit service performed on or after the effective date, plus \$22.50 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 2000, the monthly retirement pension will be equal to \$23.50 times benefit service performed on or after the effective date, plus \$23.50 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 2001, the monthly retirement pension will be equal to \$25.00 times benefit service performed on or after the effective date, plus \$25.00 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 2002, the monthly retirement pension will be equal to \$27.00 times benefit service performed on or after the effective date, plus \$27.00 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 2003, the monthly retirement pension will be equal to \$28.50 times benefit service performed on or after the effective date, plus \$28.50 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning April 1, 2004, the monthly retirement pension will be equal to \$30.00 times benefit service performed on or after the effective date, plus \$30.00 times benefit service credited prior to the effective date.

The retirement pension for former Milani Foods participants will be equal to:

For a participant retiring during the period beginning November 1, 1995, the monthly retirement pension will be equal to \$16.75 times benefit service performed on or after the effective date, plus \$15.50 times benefit service credited prior to the effective date.

For a participant retiring during the period beginning November 1, 1996, the monthly retirement pension will be equal to \$17.75 times benefit service performed on or after the effective date, plus \$17.75 times benefit service credited prior to the effective date.

For a participant retiring on or after April 1, 1997, the monthly retirement pension will be the same as all other plan participants.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Monthly benefit amount - the normal retirement benefit, payable as a single life annuity, for Union participants is equal to:

- (a) For a participant retiring during the period beginning April 1, 1997, the monthly retirement pension will be equal to \$16.75 times benefit service performed on or after the effective date, plus \$16.00 times benefit service credited prior to the effective date.
- (b) For a participant retiring during the period beginning April 1, 1998, the monthly retirement pension will be equal to \$17.50 times benefit service performed on or after the effective date, plus \$17.25 times benefit service credited prior to the effective date.
- (c) For a participant retiring during the period beginning April 1, 1999, the monthly retirement pension will be equal to \$19.00 times benefit service performed on or after the effective date, plus \$19.00 times benefit service credited prior to the effective date.
- (d) For a participant retiring during the period beginning April 1, 2000, the monthly retirement pension will be equal to \$20.00 times benefit service performed on or after the effective date, plus \$20.00 times benefit service credited prior to the effective date.
- (e) For a participant retiring during the period beginning April 1, 2001, the monthly retirement pension will be equal to \$21.00 times benefit service performed on or after the effective date, plus \$21.00 times benefit service credited prior to the effective date.
- (f) For a participant retiring during the period beginning April 1, 2002, the monthly retirement pension will be equal to \$23.00 times benefit service performed on or after the effective date, plus \$23.00 times benefit service credited prior to the effective date.
- (g) For a participant retiring during the period beginning April 1, 2003, the monthly retirement pension will be equal to \$24.25 times benefit service performed on or after the effective date, plus \$24.25 times benefit service credited prior to the effective date.
- (h) For a participant retiring during the period beginning April 1, 2004, the monthly retirement pension will be equal to \$25.25 times benefit service performed on or after the effective date, plus \$25.25 times benefit service credited prior to the effective date.
- (i) For a participant retiring during the period beginning April 1, 2005, the monthly retirement pension will be equal to \$26.00 times benefit service performed on or after the effective date, plus \$26.00 times benefit service credited prior to the effective date.
- (j) For a participant retiring during the period beginning April 1, 2006, the monthly retirement pension will be equal to \$27.00 times benefit service performed on or after the effective date, plus \$27.00 times benefit service credited prior to the effective date.

Payment - Payments commence on the first day of the month coincident with or next following the participant's normal retirement date.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Early Retirement Benefit

Eligibility - Participants are eligible for the early retirement benefit if they have attained age 60 and completed 10 years of vesting service.

Monthly benefit amount - Participants who retire on their early retirement date shall be entitled to receive an early retirement benefit calculated in the same way as the normal retirement benefit, but based on his benefit service at his early retirement date and actuarially equivalent to the pension payable at his normal retirement date.

Payment - Payments commence on the first of the month coincident with or next following the participant's early retirement date.

Vested Accrued Benefit

Eligibility - Participants must have completed at least 5 years of vesting service or attained age 65 while employed.

Monthly benefit amount - Computed in the same manner as the normal retirement pension but based on his benefit service at his date of termination of employment.

Payment - Payment commences on the participant's normal retirement date. The participant may elect to receive an actuarially-reduced pension commencing on or after the first day of the month following his attainment of age 60 if he has at least 10 years of vesting service.

Disability Retirement Benefit

Eligibility - Prior to April 1, 1997, participants must have completed at least 15 years of vesting service. On or after April 1, 1997, participants must have completed at least 10 years of service.

Monthly benefit amount - Computed in the same manner as the pension for a terminated vested participant.

Payment - Payment commences on the first day of the month following certification of the claim for disability by the Pension Committee.

Normal Form of Benefit Payment

For participants without an eligible spouse, the normal form of benefit is a life annuity. For participants with an eligible spouse, the normal form of payment is a reduced 50% joint and survivor annuity. Under this form of payment, an actuarially reduced benefit is payable during the life of the participant, and 50% of such benefit amount is payable to the surviving spouse, if applicable, following the participant's death.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Death Benefits

In the event a participant dies in active employment or after terminating with a vested benefit, a death benefit will be payable if one of the following conditions is met:

The participant's death occurs after he is eligible for a vested benefit, but prior to age 65, and he and his spouse had been married throughout the one-year period preceding his death; or

The participant's death occurs at or after age 65 and he and his spouse had been married throughout the one-year period preceding his death.

The death benefit payable to the spouse equals 50% of the employee's vested benefit at death reduced for early commencement and for a 50% joint and survivor annuity. This benefit will commence at the time that the employee would have first become eligible for an early retirement benefit had he lived.

If any participant has retired and elected one of the optional forms available under the plan, the benefit will be paid in accordance with the option elected.

Union Rule of 85 Early Retirement Window

Union participants whose age plus service is at least 85 may retire with a benefit unreduced for early retirement between April 1, 2008 and March 31, 2010.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ Round off amounts to nearest dollar.

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

A Name of plan

ALBERTO-CULVER HOURLY PENSION PLAN

B Three-digit
plan number (PN) ▶

003

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

ALBERTO-CULVER USA, INC.

D Employer Identification Number (EIN)

36-3664158

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 4 Day 1 Year 2009**2** Assets:

	2a	
a Market value.....	10,132,076	
b Actuarial value.....	11,145,284	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	139	5,458,027
b For terminated vested participants.....	280	2,848,007
c For active participants:		
(1) Non-vested benefits.....		194,710
(2) Vested benefits.....		5,428,793
(3) Total active.....	207	5,623,503
d Total.....	626	13,929,537

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		

5 Effective interest rate..... 7.95 %**6** Target normal cost..... 40,000**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**

Melissa Elbert MBE

Signature of actuary

Melissa B. Elbert, F.S.A.

Type or print name of actuary

Aon Hewitt

200 East Randolph Street Suite 900

Chicago

IL 60601

Address of the firm

12/21/10

Date

08-06051

Most recent enrollment number

(312) 381-4882

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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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 (Item 13 from prior year)	210,132	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	210,132	0
10 Interest on item 9 using prior year's actual return of <u>(28.50)</u> %	(59,888)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		120,889
b Interest on (a) using prior year's effective rate of <u>6.19</u> %		7,483
c Total available at beginning of current plan year to add to prefunding balance		128,372
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	150,244	0

Part III Funding percentages

14 Funding target attainment percentage	14	78.93 %
15 Adjusted funding target attainment percentage	15	78.93 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2009	146,940				
10/15/2009	88,164				
01/14/2010	88,164				
10/28/2010	725,000				
Totals ▶			18(b)	1,048,268	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 contribution 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	953,655

20 Quarterly contributions and liquidity shortfalls:

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

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

c If 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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	40,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,098,725	409,560
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	449,560
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	81,432	0
36 Additional cash requirement (item 34 minus item 35)	36	368,128
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	953,655
38 Interest-adjusted excess contributions for current year (see instructions)	38	585,527
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Sponsor: Alberto-Culver USA, INC.
Plan Name: Alberto-Culver Hourly Pension Plan
EIN / Plan Number: 36-3664158 / 003

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age is 65. This is equal to the plan's Normal Retirement Age.

Supplemental Schedule 1

ALBERTO-CULVER HOURLY PENSION PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
March 31, 2010

<u>Identity of issues, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Number of shares</u>	<u>Cost</u>	<u>Market value</u>
* Wells Fargo	Large Cap Value Index Fund	402,801 shares	\$ 4,997,740	4,595,958
* Wells Fargo	US Aggregate Bond Index Fund	293,754 shares	3,168,548	3,616,112
* Wells Fargo	Russell 2000 Index Fund	170,741 shares	2,318,625	2,448,422
* Wells Fargo	Large Cap Growth Index Fund	245,017 shares	1,955,860	2,009,141
* Wells Fargo	International Equity Index Fund	36,671 shares	392,850	461,691
* Wells Fargo	Advantage Prime Money Market Fund	393,378 shares	393,378	393,378
			<u>\$ 13,227,001</u>	<u>13,524,702</u>

* Represents a party-in-interest.

See accompanying independent auditors' report.

ALBERTO-CULVER HOURLY PENSION PLAN

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

March 31, 2010

Identity of party involved	Description of asset	Purchase price	Sale price	Cost of asset	Net gain (loss)
Single transactions in excess of 5% of the value of the Plan assets:					
Wells Fargo	Large Cap Value Index Fund	\$ —	676,494	1,030,193	(353,699)
Wells Fargo	Large Cap Value Index Fund	895,251	—	895,251	—
Wells Fargo	International Equity Index Fund	1,448,942	—	1,448,942	—
Wells Fargo	International Equity Index Fund	—	1,858,098	1,645,067	213,031
Series of transactions:					
Wells Fargo	Advantage Prime Money Market Fund	1,191,093	—	1,191,093	—
Wells Fargo	Advantage Prime Money Market Fund	—	1,071,047	1,071,047	—
Wells Fargo	US Aggregate Bond Index Fund	1,201,469	—	1,201,469	—
Wells Fargo	US Aggregate Bond Index Fund	—	354,894	314,493	40,401
Wells Fargo	Large Cap Value Index Fund	962,723	—	962,723	—
Wells Fargo	Large Cap Value Index Fund	—	1,144,654	1,673,960	(529,306)
Wells Fargo	Large Cap Growth Index Fund	470,408	—	470,408	—
Wells Fargo	Large Cap Growth Index Fund	—	513,105	638,026	(124,921)
Wells Fargo	International Equity Index Fund	1,646,444	—	1,646,444	—
Wells Fargo	International Equity Index Fund	—	2,022,659	1,791,064	231,595
Wells Fargo	Russell 2000 Index Fund	472,098	—	472,098	—
Wells Fargo	Russell 2000 Index Fund	—	804,971	990,748	(185,777)

See accompanying independent auditors' report.

Supplemental Schedule 3

ALBERTO-CULVER HOURLY PENSION PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended March 31, 2010

Identity of party involved	Description of asset	Cost of asset	Proceeds of dispositions
Wells Fargo	Advantage Prime Money Market Fund	\$ 1,071,047	1,071,047
Wells Fargo	US Aggregate Bond Index Fund	314,493	354,894
Wells Fargo	Large Cap Value Index Fund	1,673,960	1,144,654
Wells Fargo	Large Cap Growth Index Fund	638,026	513,105
Wells Fargo	International Equity Index Fund	1,791,064	2,022,659
Wells Fargo	Russell 2000 Index Fund	990,748	804,971

See accompanying independent auditors' report.