

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</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>UNILEVER 1165E EMPLOYEE SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CHESEBROUGH PONDS MFG. CO.</u> <u>C/O BENEFITS DEPARTMENT</u> <u>800 SYLVAN AVE</u> <u>ENGLEWOOD CLIFFS, NJ 07632</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-0955014</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>201-894-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-0955014</u>	2c Sponsor's telephone number <u>201-894-4000</u>	2d Business code (see instructions) <u>311900</u>	
2b Employer Identification Number (EIN) <u>06-0955014</u>					
2c Sponsor's telephone number <u>201-894-4000</u>					
2d Business code (see instructions) <u>311900</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	Filed with authorized/valid electronic signature.	03/22/2013	WILLIAM TOSSAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHESEBROUGH PONDS MFG. CO. C/O BENEFITS DEPARTMENT 800 SYLVAN AVE ENGLEWOOD CLIFFS, NJ 07632	3b Administrator's EIN 06-0955014 <hr/> 3c Administrator's telephone number 201-894-7035
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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 <hr/> 4c PN
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5 Total number of participants at the beginning of the plan year	5	475
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

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:
 2F 2G 2J 2K 3C 3D 2E

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) ☐ 0 **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>UNILEVER 1165E EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHESEBROUGH PONDS MFG. CO.</u>	D Employer Identification Number (EIN) <u>06-0955014</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	36364	22915
	(2) Participant contributions	1b(2)	85785	53919
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(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)		
	(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)	2759386	3246443
	(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	2881535	3323277

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		3323277
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	3323277

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2881535	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	197220	
(B) Participants	2a(1)(B)	477767	
(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)		674987
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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)		383931
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1058918

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	617046	
(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)		617046
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	130	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		130
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		617176

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		441742
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		3323277

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: SOTO ESPADA, CPA, PSC

(2) EIN: 66-0708167

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

- 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)
UNILEVER SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	13-2915928	010

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.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>UNILEVER 1165E EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHESEBROUGH PONDS MFG. CO.</u>	D Employer Identification Number (EIN) <u>06-0955014</u>

Part I	Distributions
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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>66-0532499</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	

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)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(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.
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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): _____

Unilever 1165 (e) Employees Saving Plan

**Financial Statements for the years ended
December 31, 2009 and 2008**

and Independent Auditor's Report

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SOTO, ESPADA & CO., P.S.C.

Certified Public Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Unilever 1165 (e) Employee Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Unilever 1165 (e) Employee Savings Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the year then ended, and the supplemental schedule of (1) Schedule H, line 4i – Schedule of Assets Held (At end of Year), and (2) Schedule of Delinquent Participant Contributions for the year ended December 31, 2008. 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 information summarized in Notes 3 and 5, which was certified by Community Bank, N.A., an affiliated company of Benefit Plans Administrative Services, LLC, the third party administrator of the plan's assets and custodial of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements and supplemental schedules. We have been informed by the plan administrator that the custodial holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the third party plan administrator as of and for the year ended December 31, 2009 and 2008, that the information provided to the plan administrator by the third party plan administrator 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the third party plan administrator, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

Coamo, Puerto Rico
August 12, 2010

Stamp 2508752 of Puerto Rico
Society of Certified Public
Accountants was affixed
to the original report.

Espada CPA, PSC



UNILEVER 1165 (e) EMPLOYEES SAVING PLAN
Statements of Net Assets Available for Benefits

Assets

	DECEMBER 31,	
	2009	2008
Investments	<u>\$ 3,246,443</u>	<u>\$ 2,759,386</u>
Contributions Receivable		
Employer's contribution	22,915	36,364
Participants' contributions	<u>53,919</u>	<u>85,785</u>
Total Contributions Receivable	<u>76,834</u>	<u>122,149</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,323,277</u></u>	<u><u>\$ 2,881,535</u></u>

The accompanying notes are an integral part of these financial statements.

UNILEVER 1165 (e) EMPLOYEES SAVING PLAN
Statements of Changes in Net Assets Available for Benefits

ADDITIONS	FOR THE YEARS ENDED	
	DECEMBER 31,	
	2009	2008
Additions to net assets attributable to:		
Investments income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 330,314	\$ (817,867)
Dividends and other	53,618	117,053
	<u>383,932</u>	<u>(700,814)</u>
Contributions		
Employer's	197,220	230,259
Participants'	<u>477,767</u>	<u>553,312</u>
Total Contributions	<u>674,987</u>	<u>783,571</u>
TOTAL ADDITIONS	<u>1,058,919</u>	<u>82,757</u>
DEDUCTIONS		
Benefits paid to participants	617,047	497,257
Administrative expenses	<u>130</u>	<u>8,414</u>
TOTAL DEDUCTIONS	<u>617,177</u>	<u>505,671</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFIT	441,742	(422,914)
Net assets available for benefits beginning of year	<u>2,881,535</u>	<u>3,304,449</u>
Net assets available for benefits end of year	<u><u>\$ 3,323,277</u></u>	<u><u>\$ 2,881,535</u></u>

The accompanying notes are an integral part of these financial statements.

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

1 – DESCRIPTION OF PLAN

The following description of the Unilever 1165 (e) Employees Saving Plan (“The Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a participant directed defined contribution plan covering all full-time employees of Chesebrough Pond’s Mfg. Co. (the “Plan Sponsor”) who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may contribute up to 10% of pretax annual compensation not to exceed the maximum allowed for deferral by the Puerto Rico Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined or contribution plans. Participants direct the investment of their contributions into various investments options offered by the Plan. The Plan currently offers 9 mutual funds as investment options for participants. The Plan Sponsor contributes 50% of the first 6% of base compensation that a participant contributes to the Plan.

After Tax Contributions – The Plan allows participants to perform after tax contributions. The Sponsor makes no matching of after tax contributions.

Participant Account - Each participant’s account is credited with the participant’s contribution and allocations of (a) the Plan Sponsor contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are 100% vested in their contributions and Plan Sponsor after completing three years of service.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts – At December 31, 2008, forfeited non-vested accounts amounted \$5. These accounts will be used to reduce future employer contributions.

Loans to Participants – Loans to participants are not allowed.

Participant Directed Investment Options – Upon enrollment in the plan, a participant may direct contributions to any of the investment options offered by the Plan.

- **Aim Mid Cap Equity Fund** – The fund seeks long-term capital growth, and normally invests as least 80% of assets in companies with market capitalization comparable to those included in the Russell Mid Cap Index. It may invest up to 20% of assets in investment-grade debt securities.

(Continue)

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

1 – DESCRIPTION OF PLAN (CONTINUATION)

- **American Balanced Fund** – The fund seeks capital preservation, current income and long-term growth of capital and income. The fund normally invests in a broad range of equities, debt and cash instruments. It typically maintains at least 50% of assets in equities and 25% in bonds. Fixed-income securities must be rated investment-grade at the time of purchase. The fund invests up to 10% of assets in foreign securities.
- **Bond Fund of America** – The fund seeks current income consistent with preservation of capital. The fund normally invests at least 80% of assets in bonds. It normally invests at least 60% of assets in bonds and debt securities rated A or better at the time of purchase. The fund will not invest more than 40% of assets in other debt obligations, including lower-rated bonds.
- **Europacific Growth Fund** – The fund seeks long-term growth of capital. The fund normally invests at least 80% of assets in equity securities of issuers domiciled in Europe and the Pacific Basin.
- **Growth Fund of America** – The fund seeks capital growth. The fund invests primarily in common stocks. The fund may invest up to 15% of assets in securities of issuers domiciled outside of the United States of America and Canada, and not included in the S&P 500 index. It may also invest up to 10% of assets in debt securities rated below investment-grade.
- **Investment Company of America** – The fund seeks long-term growth of capital and income. The fund invests primarily in common stock. The fund may invest in securities of issuers domiciled outside of the United States of America and not included in the S&P 500 index.
- **Franklin Rising Dividend** – The fund seeks capital appreciation and the preservation of capital is also a concern. The fund normally invests at least 80% of its net assets in investments of companies that have paid consistently rising dividends.
- **Mutual Qualified** – The fund seeks capital appreciation, income is secondary. The fund normally invests following a value-oriented strategy in companies with market capitalization greater than \$1.5 billion. It may, however, invest in smaller companies. The fund can invest up to 35% of assets in foreign equity and debt securities and may use forward currency exchange contracts to hedge against currency risks. It can also invest in debt securities in any rating category.
- **Federated Prime Obligations Fund** – Money market fund that seeks to maintain a stable net asset value of \$1 per share. Funds are primarily invested in high quality fixed income securities issued by banks, corporations and the government of the United States of America.

Participants may change their investment options on a daily basis.

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan's policy is to prepare its financial statements using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are carried at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payments of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are paid by the Plan Sponsor.

Benefits Payable

The plan accounts for benefits payable in accordance with the guidance provided by AICPA Audit and Accounting Guide of Employee Benefit Plans. This guidance requires that benefits payable to persons who have withdrawn from participation in a defined contribution plan be disclosed in the notes to the financial statements rather than recorded as a liability of the Plan. As of December 31, 2009 and 2008 net assets available for benefits included benefits of \$25,490 and \$21,688 respectively, due to participants who withdrew from participation in the Plan.

3 - INVESTMENTS

The December 31, 2009 and 2008 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in net Assets Available for Benefits for the years then ended, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the third party administrator of the plan assets in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes total investments of \$3,246,443 and \$2,759,386 as of December 31, 2009 and 2008, respectively.

(Continue)

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

3 – INVESTMENTS (CONTINUATION)

The following investments represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Bond Fund of America	\$ 700,485	\$ 664,671
Growth Fund of America	307,493	227,226
Europacific Growth Fund	410,702	295,624
Investment Company of America	358,154	284,968
Federated Prime Obligations	1,315,378	1,171,239

4 – FAIR VALUE MEASUREMENTS

Financial Accounting standard Board (FASB) Accounting Standard Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include
- Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used to maximize the use of observable inputs and minimize the use of unobservable inputs.

(Continue)

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

4 – FAIR VALUE MEASUREMENTS (CONTINUATION)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in methodology used at December 31, 2009 and 2008.

Mutual Funds

These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

Mutual funds – Valued at the net asset value (NAV) of shares held by the plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual funds				
Fixed income funds	\$ 2,015,863	\$ -	\$ -	\$ 2,015,863
Growth funds	1,076,349	-	-	1,076,349
Other funds	154,231	-	-	154,231
	<u>\$ 3,246,443</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,246,443</u>

Assets at Fair Value as of December 31, 2008

	Level 1	Level 2	Level 3	Total
Mutual funds				
Fixed income funds	\$ 1,835,910	\$ -	\$ -	\$ 1,835,910
Growth funds	807,818	-	-	807,818
Other funds	115,658	-	-	115,658
	<u>\$ 2,759,386</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,759,386</u>

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

5 – INFORMATION CERTIFIED BY COMMUNITY BANK, N.A. (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of and for the years ended December 31, 2009 and 2008, included in the Plan's financial statements and supplemental schedule, that was prepared by the third party administrator and which was furnished to the plan administrator. The plan administrator has obtained certifications from the third party administrator that such information is complete and accurate:

	<u>2009</u>	<u>2008</u>
Investments at fair value:		
Community Bank, Inc.:		
Federated Prime Obligations	<u>\$ 1,315,378</u>	<u>\$ 1,171,239</u>
Mutual funds		
Aim Mid-Cap Equity Fund	66,930	46,461
American Balanced Fund	3,597	1,992
Bond Fund of America	700,485	664,671
Europacific Growth Fund	410,702	295,624
Franklin Rising Dividend	8,160	2,794
Growth fund of America	307,493	227,226
Investment Company of America	358,154	284,968
Mutual Qualified	<u>75,544</u>	<u>64,411</u>
Total mutual funds	1,931,065	1,588,147
Total	<u>\$ 3,246,443</u>	<u>\$ 2,759,386</u>
Net appreciation in fair value of investments	<u>\$ 330,314</u>	<u>\$ (817,867)</u>
Dividends and other	<u>\$ 53,618</u>	<u>\$ 117,053</u>

(Continue)

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

5 – INFORMATION CERTIFIED BY COMMUNITY BANK, N.A. (UNAUDITED)
(CONTINUATION)

Dividends and other and net appreciation (depreciation) in fair value of investments and realized gains and losses by type of investment for the years ended December 31, 2009 and 2008 were as follows:

	2009		2008	
	Dividends and others	Net Appreciation (Depreciation) in Fair Value of Investments	Dividends and others	Net Appreciation (Depreciation) in Fair Value of Investments
Money Market Fund				
Federated Prime Obligations	\$ 4,863	\$ -	\$ 19,462	\$ 4,530
Mutual funds				
Aim Mid Cap Equity Fund	61	15,199	2,703	(22,171)
American Balanced Fund	67	75	111	(714)
Bond Fund of America	30,626	59,321	54,255	(164,870)
Euro Pacific Growth Fund	6,557	102,707	21,145	(254,744)
Franklin Rising Dividend	36	1,425	59	(1,096)
Growth Fund of America	2,353	74,009	2,580	(167,060)
Investment Company of America	7,735	66,366	9,937	(179,654)
Mutual Qualified	1,320	11,212	6,801	(32,088)
Total	<u>\$ 53,618</u>	<u>\$ 330,314</u>	<u>\$ 117,053</u>	<u>\$ (817,867)</u>

6 – ADMINISTRATIVE EXPENSES

The administrative expenses of the plan are paid normally by the plan Sponsor (Chesebrough Pond's Mfg. Co.) except for miscellaneous charges related to participant and asset fees. Administrative expenses paid during the year ended December 31, 2009 and 2008 by the Plan Sponsor amounted to \$29,946 and \$34,061. During the year 2008 the Trustee charged \$ 8,414 to Plan for expenses of which \$8,223 belonging to the last quarter of 2007 because the Trustee did not receive the payment of this quarter.

7 – PLAN TERMINATION

Although the Plan Sponsor has established the Plan with bona fide intentions and expectations that it will be able to make contributions indefinitely, the Plan Sponsor shall not be under any obligation or liability whatsoever to continue its contributions or to maintain the Plan for any given period of time. An Employer may, in its sole and absolute discretion, discontinue such contributions or terminate the Plan with respect to its Employees, in accordance with the provisions of the Plan, at any time with no liability whatsoever for such discontinuance or termination. If the Plan is terminated, or if contributions of an Employer are completely discontinued, the rights of all affected Participants in their accounts shall thereupon become nonforfeitable, notwithstanding any other provisions of the Plan subject to the provision of ERISA.

Unilever 1165 (e) Employees Saving Plan
Notes to Financial Statements
For the Years Ended December 31, 2009 and 2008

8 – TAX STATUS

The Plan filed a request to the Treasury Department to be treated as a tax exempt entity under the provisions of the section 1165 (a) of the Puerto Rico Internal Revenue Code (PR Code). The Plan administrator and UBS Trust Company of Puerto Rico (the Trustee) understand that the Plan is in compliance with the PR Code because it meets all requirements of section 1165 (a) of the PR Code.

9 – PARTY – IN - INTEREST INVESTMENTS AND TRANSACTIONS

During the year ended December 31, 2008, the Plan Sponsor remitted participants' contributions aggregating to \$140,633 to the Plan past their due date.

10 – RELATED PARTY

The Plan is administrated by an Administrative Committee whose members are comprised of management employees of Chesebrough Pond Mfg. Co., the Plan Sponsor and participants of the Plan. Fees paid by the Plan for the investment management services amounted to \$130 and \$8,414 for the year ended December 31, 2009 and 2008 respectively.

11- RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

12. SUBSEQUENT EVENT

On January 1, 2010 Unilever 1165(e) Employee Saving Plan merged into Unilever Puerto Rico Savings Plan. Unilever Puerto Rico Savings Plan was the legal survivor and assumed all net assets available for benefits of Unilever 1165(e) Employee Saving Plan.

The Plan has evaluated subsequent events through August 12, 2010 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

Unilever 1165 (e) Employees Saving Plan
Supplemental Schedule

Schedule I

Schedule H, Part IV Line 4(i) schedule of assets held for investment at December 31, 2009

Identity of Issue	Description	Cost	Current Value
Aim Mid - Cap Equity Fund	Mutual Fund	\$ 60,157	\$ 66,930
American Balance Fund	Mutual Fund	1,878	3,597
Bond Fund of America	Mutual Fund	688,681	700,485
Europacific Growth Fund	Mutual Fund	363,773	410,702
Federated Prime Obligations	Money Market Fund	1,326,378	1,315,378
Franklin Rising Dividend	Mutual Fund	7,499	8,160
Growth Fund of America	Mutual Fund	274,790	307,493
Investment Company of America	Mutual Fund	330,910	358,154
Mutual Qualified	Mutual Fund	66,742	75,544
		<u>\$ 3,120,808</u>	<u>\$ 3,246,443</u>

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

Name of Plan: UNILEVER 1165(E) EMPLOYEE SAVINGS PLAN



Employer Identification Number:▶ 06-0955014

For plan year (beginning/ending):▶ 1/1/2009-12/31/2009

Plan number:▶

1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AIM MID-CAP EQUITY	REGISTERED INVESTMENT		66,930
	AMERICAN BALANCED FUND	REGISTERED INVESTMENT		3,597
	BOND FUND OF AMERICA	REGISTERED INVESTMENT		700,485
	EUROPACIFIC GROWTH	REGISTERED INVESTMENT		410,702
	FEDERATED PRIME OBLIG	REGISTERED INVESTMENT		1,315,378
	FRANKLIN RISING DIVIDENDS	REGISTERED INVESTMENT		8,161
	GROWTH FUND OF AMERICA	REGISTERED INVESTMENT		307,493
	INVESTMENTS CO. OF AMERICA	REGISTERED INVESTMENT		358,154
	MUTUAL QUALIFIED	REGISTERED INVESTMENT		75,544