Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

2010

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Complete all entries in accordance with the instructions to the Form 5500-SF.

Inspection Pension Benefit Guaranty Corporation **Annual Report Identification Information** 12/31/2010 For calendar plan year 2010 or fiscal plan year beginning and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number KANEBO COSMETICS USA, INC. 401(K) PLAN 001 (PN) ▶ 1c Effective date of plan 04/01/2001 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number KANEBO COSMETICS USA. INC. 13-4090493 (EIN) 2c Plan sponsor's telephone number 330 MADISON AVENUE - 6TH FLOOR NEW YORK, NY 10017 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN KANEBO COSMETICS USA, INC. 330 MADISON AVENUE 13-4090493 NEW YORK, NY 10017 3c Administrator's telephone number 212-573-0917 13-0490493 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 001 KANEBO COSMETICS USA, INC 4c PN 5a Total number of participants at the beginning of the plan year 5a 21 **b** Total number of participants at the end of the plan year..... 16 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 316700 167318 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 316700 167318 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 (1) Employers 8a(1) 33597 8a(2) (2) Participants 1876 (3) Others (including rollovers)..... 8a(3) 32307 Other income (loss)..... 8b 67780 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 217162 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -149382 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

	Form 5500-SF 2010 Page 2-							
art IV	Plan Characteristics							
	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2G 2J 3D	istic Co	des in	the instructions:				
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
rt V	Compliance Questions							
Dui	ring the plan year:	Yes	No	Amount				
a Wa	s there a failure to transmit to the plan any participant contributions within the time period described in		>					

arı	V	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					32000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com)))					. П	Yes	No
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Y	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	•	
а	Ìf a v	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	,						0
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co		•	П	Yes	X No
С		e PBGC?ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the					Ц	168	
		ch assets or liabilities were transferred. (See instructions.)	1	. ,			-		
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	1	3c(3)	PN(s)
			1				-		
			1				1		

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/09/2011	CHIBA MASATO
HERE	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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rt I Annual Report Identification Information					
For		1/01/20	10 and ending		12/31/2010	
АТ	his return/report is for:	multiple-em	oloyer plan (not multiemployer)		one-participar	nt plan
BT	his return/report is for: first return/report	final return/r	eport			
	an amended return/report	short plan y	ear return/report (less than 12 mo	nths)		
C	check box if filing under: Form 5558	automatic e	xtension		DFVC program	m
	special extension (enter description	n)				
Pa	rt II Basic Plan Information—enter all requested informa	ition				
1a	Name of plan			1b	Three-digit	
	KANEBO COSMETICS USA, INC. 401(K) PLAN				plan number	001
				10	(PN) Fifective date of	
				10	04/01/2003	
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identifi	
	KANEBO COSMETICS USA, INC.			_	(EIN) 13-409	
	330 Madison Avenue - 6th Floor			2c	Plan sponsor's to 212-573-09	
				2d	Business code (s	
	NEW YORK NY 10017				339900	
3a	Plan administrator's name and address (If same as Plan sponsor, er KANEBO COSMETICS USA, INC.	nter "Same")		3b	Administrator's E	
	330 Madison Avenue - 6th Floor			3с	Administrator's t	elephone number
-	NEW YORK NY 10017 the name and/or EIN of the plan sponsor has changed since the las	t return/renr	art filed for this plan, enter the	4h	212-573-09 EIN 13-0490	
	name, EIN, and the plan number from the last return/report. Sponsor		of the dior the plan, enter the	40	EIN 13-0490	
-	CANEBO COSMETICS USA, INC.				PN	001
	Total number of participants at the beginning of the plan year			5a		21
b	Total number of participants at the end of the plan year			5b		16
С	Total number of participants with account balances as of the end of complete this item).			5c		11
6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (S	See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					☑ v □ N-
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	37111 3300-31	and must instead use Form 5			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	31670	0	(1) 2114	167318
	Total plan liabilities	7b		0		0
	Net plan assets (subtract line 7b from line 7a)	7c	31670	00		167318
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		(a) ranount			
	(1) Employers	8a(1)		0		
	(2) Participants	8a(2)	3359	7		
	(3) Others (including rollovers)	8a(3)	18'	76		
b	Other income (loss)	8b	323	7		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				67780
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2171	52		
e	Certain deemed and/or corrective distributions (see instructions)	8e		0		
f	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses	8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				217162
í	Net income (loss) (subtract line 8h from line 8c)	8i				-149382
	Transfers to (from) the plan (and instructions)			-		

Par	t IV Plan Characteristics							
9a	if the plan provides pension benefits, enter the applicable pension feat $2E \ 2G \ 2J \ 3D$	ture codes from the List	of Plan Characteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature	ure codes from the List of	f Plan Characteris	tic Coo	les in t	he instructio	ns:	
Part	V Compliance Questions							
10	During the plan year:			Yes	No	4	mount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia)		х		mount.			
b	Were there any nonexempt transactions with any party-in-interest? (D				Х			_
	on line 10a.)			-	Α			
c	Was the plan covered by a fidelity bond?		-	Х				32000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?				Х			
е	Were any fees or commissions paid to any brokers, agents, or other pinsurance service or other organization that provides some or all of thinstructions.)	ne benefits under the plan	n? (See		Х			
f	Has the plan failed to provide any benefit when due under the plan?				х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of		101	-	X			
		,	109	-	^			
n	If this is an individual account plan, was there a blackout period? (Sc. 2520.101-3.)				Х			
į	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.		1					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement						☐ Yes	П №
12	5500))							X No
12	Is this a defined contribution plan subject to the minimum funding rec	quirements of section 41	2 of the Code or se	ection .	10 2 01	ERISA?	l les	VI IAO
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
a	If a waiver of the minimum funding standard for a prior year is being a							
	granting the waiver.			- 4	Day		rear	-
11	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and ski	p to line 13.	_		7		
Ь	Enter the minimum required contribution for this plan year				12b			
C	c Enter the amount contributed by the employer to the plan for this plan year							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets							-
13a	Has a resolution to terminate the plan been adopted during the plan y	year or any prior year?					Yes	X No
	if "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?	ansferred to another plan	n, or brought under	the co			Yes	No No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to enother plan	(s), identify the pla	ın(s) to)			
	13c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3)	PN(s)
							-	-
Cau	tion: A penalty for the late or incomplete filing of this return/report	t will be assessed unle	ss reasonable ca	use is	estab	lished.		
Und SB (er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well a of, it is true, correct, and complete.	declare that I have exam	nined this return/re	port, ir	ncludin	g, if applicat		
	miller	6 0 3 0 11 Ch	iba Masato					
SIG	Sin Chicago							
1121	Signature of plan administrator		ter name of individ	ual sig	ning a	s plan admir	nistrator	
SIC			iba Masato					
HE	Signature of employer/plan sponsor	Date 5.9.20// En	ter name of individ	ual sig	ning a	s employer	or plan sp	onsor

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