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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information							
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/2015		and ending 12	/31/2015				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan									
B This retu	urn/report is	the first return/report	e final return/report	n/report (less than 12 mc	onths)				
C Check	box if filing under:	Form 5558 aspecial extension (enter description)	utomatic extension		DFVC	program			
Part II	Basic Plan Info	ormation—enter all requested informat							
1a Name			M		1b Three-digit plan number (PN) 1c Effective da	er 001			
						01/01/2007			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box) ce, country, and ZIP or foreign postal cod		uctions)	2b Employer Identification Number (EIN) 13-4152668				
	ONO USA, INC.	oo, oountry, and 211 of foldight postal oou	o (ii Toroigii, occ iiisti	douono,	2c Sponsor's telephone number 212-439-4240				
824 MADISC NEW YORK,						ode (see instructions) 453990			
3a Plan a	dministrator's name a	and address XSame as Plan Sponsor.			3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
		ne plan sponsor has changed since the lasumber from the last return/report.	st return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participant	s at the beginning of the plan year			5a	19			
b Total	number of participants	s at the end of the plan year			5b	18			
C Numb		account balances as of the end of the pla		To the second	5c	11			
d(1) Tot	al number of active pa	articipants at the beginning of the plan yea	ar		5d(1)	14			
d(2) Tot	al number of active pa	articipants at the end of the plan year			5d(2)	13			
e Numb	per of participants tha 100% vested	t terminated employment during the plan	year with accrued ber	nefits that were less	5e	0			
		or incomplete filing of this return/repo							
SB or Sche		ther penalties set forth in the instructions, and signed by an enrolled actuary, as well aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	04/22/2016	RICARDO RODRIGUE	ES MORAIS DIZ				
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as plar	n administrator			
SIGN	ga.a.o o. pian		2410		o.gg do pidi				
HERE	Signature of empl	over/plan spensor	Date	Enter name of individu	ıal eigning ae emi	ployer or plan enoneor			

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi ot use For	dent qualified public a ons.)	ccount	ant (IQ	PA) Form	5500.		×	Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not c	determined
Part III Financial Information	1 1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a 		772	808					754906
b Total plan liabilities	7b		772	0 !808					0 754906
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		.000			(b)	Total	734900
a Contributions received or receivable from:		(a) Amot	ını				(D)	Total	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		36	222					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-20	918					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								15304
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		23	8008					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f		10	198					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								33206
i Net income (loss) (subtract line 8h from line 8c)	8i								-17902
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D 3H	feature co	des from the List of Pl	an Cha	racteris	stic Co	odes in t	he instru	ictions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instrud	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contribution	tions within	the time period		103	110	19/5		AIIIO	uni
described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Χ				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance the benefits under	10e	X					335
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?		,	10g		^				
2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part VI Pension Funding Compliance			. 0,	1	<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ιп	Yes X N
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. П	Yes X

	F	orm 5500-SF 2015 Page 3 - 1								
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui				
b	Enter t	ne minimum required contribution for this plan year		12b						
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c						
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d						
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A			
Part		Plan Terminations and Transfers of Assets			100	110	1471			
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No				
		s," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No			
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)			
Part	: VIII	Trust Information								
14a	Name o	f trust		14b Trust's EIN						
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
140 Name of trustee of custodian						telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method						
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No				
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A			
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions			
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or			
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable				
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No				
19	Were in	n-service distributions made during the plan year?		Ye	s	No				
	If "Yes	" enter amount		19						
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A			

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	art I Annual Repor	t Identification Information		ctions to the Form 550	10-3r.						
For	calendar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/2015						
_	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report	a multiple-employer participating of a foreign plan the final return/report	oyer plan (not multiemployer) (Filers checking this box must attach ting employer information in accordance with the form instructions)							
		an amended return/report	=	er return/report (less than 12 months)							
С	Check box if filing under:	Form 5558 special extension (enter description)	automatic extension	tension DFVC program							
P	art II Basic Plan Info	ormation enter all requested info									
1a	Name of plan	ormation enter all requested into	ormation		1b Three-digit						
	de Grisogono USA, In	nc. 401(k) Plan			plan numbe (PN) ▶	001					
2a	Plan enoneorie name (ampl				1c Effective da 91/01/20						
	Mailing Address (include ro City or town, state or provin	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O. B ice, country, and ZIP or foreign postal of	ox) code (if foreign, see inst	ructions)	2b Employer to (EIN) 13-	entification Number 4152668					
	de Grisogono USA, Ir	nc.			2c Sponsor's to (212) 439	elephone number 9-4240					
	824 Madison Avenue				2d Business of 453990	ode (see instructions)					
20	US New York NY 10021	and address X Same as Plan Spons									
3c Administrator's telephone number											
4	name, Eliv, and the plan nu	ne plan sponsor has changed since the imber from the last return/report.	last return/report filed f	or this plan, enter the	4b EIN						
<u>a</u>					4c PN						
5a b	Total number of participants	at the beginning of the plan year			5a	19					
C	Number of participants with	account balances as of the end of the	nlan year (defined here	£t plane do	5b	18					
d(complete this item)	rticipants at the beginning of the plan y			5c	11					
		rticipants at the end of the plan year			5d(1)	14					
e	Number of participants that less than 100% vested	terminated employment during the plan	n year with accrued ber	efits that were	5d(2) 5e	13					
Ca	ution: A penalty for the late	or incomplete filing of this returning			1 1	0					
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.											
S	IGN 10 Mory	5 Rus Da	22.4.2018	Ricardo Rodrigue	s Morais Diz						
Н	ERE Signature of plan adn		Date	Enter name of individua		doninintent					
	GN Rolls		22.4.2014	Ricardo Rodrigue		dministrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as analysis.											
rie	sparer's riarrie (including firm i	name, if applicable) and address; inclu	ide room or suite numb	er	Preparer's teleph						
_											

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? /	See instructions \						[▼]Ves	Пы
			•	untan	+ (100	٠	*************		XYes	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	n 5500-SF and must ins							
	If the plan is a defined benefit plan, is it covered under the PBGC ins							☐ No	☐ Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır	T		(b) End	of Year	
а	Total plan assets	7a		72,8		+		.,	754,	906
b	Total plan liabilities				0					0
С	Net plan assets (subtract line 7b from line 7a)		7	72,8	308				754.	906
8	Income, Expenses, and Transfers for this Plan Year	100	(a) Amount					(b) T		
	Contributions received or receivable from: (1) Employers	90(4)			0					374
	(2) Participants	8a(1) 8a(2)	<u></u>	36,2						
	(3) Others (including rollovers)	8a(3)		30,2	0	-				
	Other income (loss)	8b	(2	0,91						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1	2			15,	304
d	Benefits paid (including direct rollovers and insurance premiums		STOCK AND ADDRESS OF THE PROPERTY OF THE PROPE			100			231	
-	to provide benefits)			23,6		-				
f	Certain deemed and/or corrective distributions (see instructions)			10.1	0	- 日				
a	Administrative service providers (salaries, fees, commissions) Other expenses	8f		10,1	0	22				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			-	Sum			33,2	206
i	Net income (loss) (subtract line 8h from line 8c)	8i		-	-	8			(17,90	
ı	Transfers to (from) the plan (see instructions)	8j			0				(27,15)	20
Pa	rt IV Plan Characteristics					100				
	If the plan provides welfare benefits, enter the applicable welfare feat If V Compliance Questions						3 111 010 11		s.	
10	During the plan year:				· · ·		\$7862-344			
a	Was there a failure to transmit to the plan any participant contributi	ons within	the time period		Yes	No	N/A		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol						800			
	Program)			10a		X	57.70			
b 	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		х	2000			
	Was the plan covered by a fidelity bond?			10c	X		1		56	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?			10d		х			***	
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance							
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			400	X					2 252
f	Has the plan failed to provide any benefit when due under the plan	The second secon		10e	^	х				3,352
g	Did the plan have any participant loans? (If "Yes," enter amount as		45							
y	If this is an individual account plan, was there a blackout period? (S			10g		X				
	2520.101-3.)	see instruc	mons and 29 CFR	10h		х				1
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	The same of the sa	10i						
j	Did the plan trust incur unrelated business taxable income?		•••••••	10)			x			
Par	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and	comp	lete S	chedu	ule SB (F	orm	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 40)			11a			140
12	Is this a defined contribution plan subject to the minimum funding re							SA?	Yes	X No
							- J. L.		168	140

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in th granting the waiver.	is plan year, see in	nstructions, and onth	enter th	e date of Ye	the letter i	ruling
_	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),			<u></u>			
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadling				Yes [□ No [□ N/A
Par	t VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			☐ Ye	es X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):		130	(2) EIN(s)	13c(3)	PN(s)
Par	t VIII Trust Information						
14a	Name of trust			14b ⊺r	rust's EIN		
140	Name of trustee or custodian	14d Trustee or custodian's telephone number					
Par	t IX IRS Compliance Questions						
15a	I is the plan a 401(k) plan:			Yes Yes	3	☐ No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	loyee deferrals and	d employer	Design- based safe ADP/AC harbor test method			ACP
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii))?	2(a)(2)(ii) and 1.40		☐ Yes	5	□ No	
	Check the box to indicate the method used by the plan to satisfy the coverage require			Rat Per Tes	centage	Avera Bene	age fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and this plan with any other plans under the permissive aggregation rules?	1 401(a)(4) by com		Yes	3	☐ No	
17a	Has the Plan been timely amended for all required law changes?	***************************************		Yes	3	☐ No	☐ N/A
	Date of the last plan amendment/restatement for the required tax law changes was ac instructions for tax law changes and codes).					(Se	е
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume advisory letter, enter the date of that favorable letter / / and the	ne submitter plan ti e letter's serial nun		a favora	ble IRS o	pinion or	
	If the plan is an individually-designed plan and recieved a favorable determination letter determination letter	er from IRS, pleas	e enter the date	of plan'	s last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA smade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(i)(2) or the U.S. Virgin	has been Islands)?	Yes	3	□ No	
19	Were in-service distributions made during the plan year?	•••••••		Yes	3	☐ No	
	If Yes, enter amount	***************************************		19			
	Were minimum required distributions made to 5% owners who have attained age 70 1/2 not retired) as required under section 401(a)(9)?		1	Yes	3	☐ No	□ N/A