Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employment Security Act of 1974 (ERISA), and sections 6057(b) and 6059(c)

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>	1					
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2	2017		and ending 1	2/31/2017		
A This ret	urn/report is for:	X a single-employer plan			n (not multiemployer) ployer information in a		-	
		a one-participant plan	a f	oreign plan				
D This retu	ırn/report is	the first return/report	H	final return/report				
		an amended return/report	a s	hort plan year returr	/report (less than 12 m	nonths)		
C Check I	oox if filing under:	Form 5558		tomatic extension		DFVC p	rogram	
		special extension (enter descr	. ,					
Part II	Basic Plan Info	ormation—enter all requested in	formatic	on		_		1
1a Name	•					1b Three	-	
DE GRISOG	ONO USA, INC. 401	(K) PLAN				plan (PN)	number	001
						` ,	tive date of	
						IC Liled		1/2007
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	,	(if foreign one instru	uetions)	2b Empl (EIN)		fication Number 152668
•	ONO USA, INC.	ce, country, and ZIP or foreign post	tai code	(ii loreign, see insur	uctions)	2c Spor	nsor's telep 212-439	hone number 9-4240
						2d Busin	ness code (see instructions)
824 MADISC NEW YORK,							4539	90
						_		
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.			3b Admi	nistrator's I	ΞIN
						3c Admi	nistrator's t	elephone number
		ne plan sponsor or the plan name ha				4b EIN		
	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the	pian number nom u	e iast return/report.	4d PN		
C Plan N	ame							
5a Total r	number of participants	s at the beginning of the plan year				. 5a		13
		s at the end of the plan year				. 5b		21
		account balances as of the end of		, , ,		5c		13
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year			5d(1)		8
		articipants at the end of the plan yea				5d(2)		18
		o terminated employment during the				5e		0
Caution: A	penalty for the late	or incomplete filing of this return	n/repor	t will be assessed	unless reasonable ca			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a polete.						
SIGN		d/valid electronic signature.		05/23/2018	JULES BELLAMY			
HERE	Signature of plan	administrator		Date	Enter name of individ	lual signing	as plan adr	ministrator
SIGN	Filed with authorized	d/valid electronic signature.	_	05/23/2018	JULES BELLAMY			

Date

HERE

Enter name of individual signing as employer or plan sponsor

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	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not deter	
Pa	rt III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
a	Total plan assets	7a	82	20703				571876	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7с	82	20703				571876	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		0	_				
	(2) Participants	8a(2)	ļ	50256					
	(3) Others (including rollovers)	8a(3)	20	06312					
<u>b</u>	Other income (loss)	8b	1	14578					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						371146	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	11320	_				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f_	Administrative service providers (salaries, fees, commissions)	8f		8653					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						619973	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						-248827	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t 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 Plant	an Cha	racteri	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		>			
h	Program)			10a		X			
	reported on line 10a.)			10b		Χ			
c				10c	X			50000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
e	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.)	ne or all of	the benefits under	10e	X			264	18
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g		-		10g	X			1198	31
h	If this is an individual account plan, was there a blackout period? (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					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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 minus sign to the left of a negative amount)	12d			
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 in any plan year?		Ye	s X N	0
	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 another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

or calendar plan year 2017 or fis	cal plan year beginning	91	/01/2017	and ending	12/31/201	7
This return/report is for:	a single-employer plan a one-participant plan the first return/report	a list o		olan (not multiemployer) employer information in		
	an amended return/report	=		rn/report (less than 12	months)	
Check box if filing under:	Form 5558		atic extension		☐ DFVC p	rogram
Danie Dian Info						
Part II Basic Plan Info Name of plan	rmation enter all requeste	d information			1b Three-digit	
de Grisogono USA, Inc	. 401(k) Plan				plan numb	
					1c Effective d 01/01/20	ate of plan
Mailing Address (include roo	yer, if for a single-employer plan; m, apt., suite no. and street, or P e, country, and ZIP or foreign po	.O. Box)	oreign, see ins	ructions)		dentification Number -4152668
de Grisogono USA, Inc					2c Sponsor's (212) 43	telephone number 39-4240
824 Madison Avenue					2d Business of 453990	code (see instructions)
US New York NY 10021	d address X Same as Plan S					
If the name and/or EIN of the	plan sponsor or the plan name I sor's name, EIN, the plan name	has changed	since the last r	eturn/report filed for	4b EIN	
Sponsor's name	sor's name, EIN, the plan name	and the plan	number from ti	e last return/report.	4d PN	
Plan Name					4u FN	
Total number of participants	at the beginning of the plan year				5a	13
	at the end of the plan year					21
Number of participants with a complete this item)	occount balances as of the end of	f the plan yea	r (only defined	contribution plans	5c	13
	icipants at the beginning of the p					8
	icipants at the end of the plan ye				5d(2)	18
Number of participants who to less than 100% vested	erminated employment during the				5e	θ
aution: A penalty for the late	or incomplete filing of this retu	ırn/report wi	Il be assessed	unless reasonable ca	use is established	d.
ndes penalties of perjury and of B or Schedule MB completed a blief, it is true, correct, and cers	her penalties set forth in the instr nd signed by an enrolled actuary pleg.	ructions, I dec , as well as th	clare that I have ne electronic ve	examined this return/resion of this return/repo	eport, including, if a rt, and to the best of Bellawe	pplicable, a Schedule of my knowledge and
SIGN 4	rell	5	23 2015	Ricardo Rodrigue	S Morais Diz	
HERE Signature of plan adm	pristrator	Date		Enter name of individu	al signing as plan	administrator
SIGN	Sel	6	23/2018	Ricardo Rodrigue	es Morais Diz	Jules F. Bell
HERE Signature of employer	plan sponsor	Date		Enter name of individu	al signing as emplo	oyer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (Se	ee instructions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CER 2520 104 452 (See instructions on various of shifts a	in independe	nt qualified public acco	untar	nt (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cannot	nd condition	5500 SE and must be	-+				X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance nov	ram (see ERISA soction	on 40	21/2	-orm	DV		
	If "Yes" is checked, enter the My PAA confirmation number from the	DBCC non	nium filipa for this year	011 40	21)!		168		
D.		PBGC pren	morn ming for this year	_				(See instruction	15.)
7	Plan Assets and Liabilities		(a) Basinalas	-64-		_			
a	Total plan assets	7.	(a) Beginning			+	- (b) End of Year	
b	Total plan liabilities			820,		+		571,870	
C	Net plan assets (subtract line 7b from line 7a)			020	702	+			9
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun	820,	/03	+		571,876 (b) Total	5
а	Contributions received or receivable from:		(w) Parioun	-				(b) Total	
_	(1) Employers				0				
_	(2) Participants			50,	256				
-	(3) Others (including rollovers)			206,	312				
	Other income (loss)			114,5	578				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						371,146	5
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		511,3	320	100			
	Certain deemed and/or corrective distributions (see instructions)			oway.	9				
	Administrative service providers (salaries, fees, commissions)			8.6	553				
	Other expenses				0				
-	Total expenses (add lines 8d, 8e, 8f, and 8g)			- 5.57	_			619,973	
-	Net income (loss) (subtract line 8h from line 8c)								
	Transfers to (from) the plan (see instructions)				0	-		(248,827)	,
	rt IV Plan Characteristics	0				-			
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	atura codos	from the List of Dies Ci						_
	2A 2E 2F 2G 2J 2K 3D 3H	altare cours	nom the List of Pigit G	THE HIC	UET IS DIC	Code	es in the ir	istructions:	
b		tura andas fo	on the List of Disc Ob		-1				
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes tr	om the List of Plan Chi	aracte	ristic	Codes	in the ins	structions:	
Pa	rt V Compliance Questions								_
10	During the plan year:				w				
a	Was there a failure to transmit to the plan any participant contributi	inns within th	e time period		Yes	No	N/A	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fiduc	lary Correction				-		
	Program)		many Contounum	10a	133	x			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not incl	ude transactions	10b		x			
С	Was the plan covered by a fidelity bond?			10c	X		200	500,	999
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bond,	that was caused	10d		x		200,	000
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons by	an insurance benefits under	10e				2.0	648
f	Has the plan falled to provide any benefit when due under the plan			10f		х		2,0	340
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	х	n.		***	
h	If this is an individual account plan, was there a blackout period? (5	See instruction	ons and 29 CER	roy	^			11,5	981
-	2520.101-3.)			10h		Х			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required no	tice or one of the	101					

For			

			_		
P	80	e	3	-	

Par	t VI	Pension Funding Compliance					
11	Is this a	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500 and line 11a below)	chedule	SB	0	es X	No.
_11a	L LIDER E	the dripate minimum required contributions for all years from Schedule SB (Form 5500) line 40	110			_	_
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion 200	of	- v	es X	No.
a	If a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a the waiver		r the date	of the le		ing
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		ау	rear	_	_
b	Enter th	te minimum required contribution for this plan year.	12b				
С		e amount contributed by the employer to the plan for the plan year	12c				
d	Subtrac	It the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a a amount)	12d				
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 re	ssolution to terminate the plan been adopted in any plan year?	T	7 Yes	X	No	
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year	13a		10.1	140	
b	Were all control of	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	ie		res X] No	
С	If, during which a	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan seets or liabilities were transferred. (See instructions.)	s) to				
		ne of plan(s): 13c(2) 8	IN(s)		13c(3) PN(s	5)