

|   |   |  |
|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>CHANTECAILLE BEAUTE INC</u></p> <p><u>584 BROADWAY RM 1111</u><br/><u>NEW YORK, NY 10012-5238</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2005</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>22-3562412</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>631-324-1038</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>541400</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 04/08/2024 | GABRIEL ROBINSON   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |  |     |
|--|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |     |
|  | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |     |
|  | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 254 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 178 |
|  | <b>6a(2)</b>                               | 0   |
|  | <b>6b</b>                                  | 0   |
|  | <b>6c</b>                                  | 0   |
|  | <b>6d</b>                                  | 0   |
|  | <b>6e</b>                                  | 0   |
|  | <b>6f</b>                                  | 0   |
|  | <b>6g(1)</b>                               | 178 |
| <b>6g(2)</b>   | 0  |     |
| <b>6h</b>  | 0  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 2A

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

**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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached   1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **06/30/2023**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST</b>         |  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CHANTECAILLE BEAUTE INC</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>22-3562412</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**NATIONWIDE LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>31-4156830</b> | <b>66869</b>         | <b>GAP-CP-KK2V</b>                           | <b>0</b>   | <b>01/01/2023</b>              | <b>06/30/2023</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. |
|----------------|--|

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

|   |                            |              |
|---|----------------------------|--------------|
| <b>b</b> Balance at the end of the previous year .....  | <b>7b</b>                  | 0            |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |              |
|   | <b>7c(2)</b>               | 0            |
|   | <b>7c(3)</b>               |              |
|   | <b>7c(4)</b>               |              |
|   | <b>7c(5)</b>               |              |
| (6) Total additions .....   | <b>7c(6)</b>               | 0            |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>                  | 0            |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |              |
|   | <b>7e(2)</b>               |              |
|   | <b>7e(3)</b>               |              |
|   | <b>7e(4)</b>               |              |
|   | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>                  | 0            |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid.....  | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)).....  |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)).....   |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies.....  | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves.....  |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **06/30/2023**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST</b>         | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CHANTECAILLE BEAUTE INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>22-3562412</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 27 28 37            | NONE  | 29116  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 165   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PFP-NJ INC

1122 ROUTE 22 SUITE204  
MOUNTAINSIDE, NJ 07092

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 13 15 37 50 64      | CONTRACT ADMINISTRATOR  | 17945  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PURSHE KAPLAN STERLING

80 STATE ST  
ALBANY, NY 12207

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 22 28 33               | INVESTMENTS   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 12465   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST</u>                | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CHANTECAILLE BEAUTE INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-3562412</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |  |  |
|---|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>NATIONWIDE QUAL PLANS VARIABLE ACCT</u> |  |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>NATIONWIDE LIFE INSURANCE COMPANY</u>   |  |
| <b>c</b> EIN-PN <u>31-4156830-001</u>             | <b>d</b> Entity code <u>P</u>              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): |  |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): |  |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): |  |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): |  |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): |  |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): |  |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>06/30/2023</b> |  |
| <b>A</b> Name of plan<br><b>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST</b>                  | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CHANTECAILLE BEAUTE INC</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>22-3562412</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 324023                | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 62119                 | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 3833218               | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 1306372               | 0               |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| 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    | 5525732               | 0               |
| <b>Liabilities</b>   |       |                       |                 |
| g Benefit claims payable .....                                     | 1g    |                       |                 |
| h Operating payables .....   | 1h    |                       |                 |
| i Acquisition indebtedness .....                                   | 1i    |                       |                 |
| j Other liabilities .....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k    | 0                     | 0               |
| <b>Net Assets</b>  |       |                       |                 |
| l Net assets (subtract line 1k from line 1f) .....                 | 1l    | 5525732               | 0               |

**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.

| <b>Income</b>   |          | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| <b>a Contributions:</b>   |          |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | 2a(1)(A) | 97137      |           |
| (B) Participants .....  | 2a(1)(B) | 344035     |           |
| (C) Others (including rollovers) .....  | 2a(1)(C) | 121476     |           |
| (2) Noncash contributions .....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                   | 2a(3)    |            | 562648    |
| <b>b Earnings on investments:</b>   |          |            |           |
| (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) | 1255       |           |
| (F) Other .....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                      | 2b(1)(G) |            | 1255      |
| (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) |            |           |
| (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) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            | 466342    |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 1030245   |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 795579 |        |
| (2) To insurance carriers for the provision of benefits.....                                | <b>2e(2)</b>  |        |        |
| (3) Other.....  | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 795579 |
| <b>f</b> Corrective distributions (see instructions).....                                   | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense .....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:   |               |        |        |
| (1) Salaries and allowances.....  | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees.....  | <b>2i(2)</b>  | 17945  |        |
| (3) Recordkeeping fees.....   | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees.....  | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 31207  |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....  | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |        |        |
| (11) Other expenses .....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 49152  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 844731 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 185514  |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  | 5711246 |

**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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **L.H. FRISHKOFF & COMPANY LLP**

(2) EIN: **13-1974820**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   | X   |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....  |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**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.)

| <b>5b(1)</b> Name of plan(s)         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|--------------------------------------|---------------------|--------------------|
| BEIERSDORF NORTH AMERICA 401(K) PLAN | 06-1533189          | 002                |
|                                      |                     |                    |
|                                      |                     |                    |
|                                      |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule 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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST</u>         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CHANTECAILLE BEAUTE INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>22-3562412</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|   |          |          |
|---|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | <b>1</b> | <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): 31-4156830

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

|  |          |  |
|--|----------|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | <b>3</b> |  |
|--|----------|--|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|  |           |  |
|--|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....   | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....   | <b>6b</b> |  |
| <b>c</b> 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) ..... | <b>6c</b> |  |

**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 or other authority 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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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. If no, check the "No" box. ....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|  |            |  |
|--|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

**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 lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Financial Statements and Supplementary Schedule**  
**for the Six Months Ended June 30, 2023 and Year Ended December 31, 2022**  
**with Independent Auditors' Report**

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*All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.*



LH Frishkoff & Company  
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info@lhfcpa.com ▸ lhfcpa.com

## ***Independent Auditors' Report***

The Participants and Administrator of  
Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust  
New York, New York

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2023 and December 31, 2022, and the related statement of changes in net assets available for benefits for the six months ended June 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2023 and December 31, 2022, and for the six months ended June 30, 2023 and the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Emphasis of Matter***

As discussed in Note 1 to the financial statements, On June 30, 2023, the Plan was merged into the plan of the holding company of the sponsoring entity. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust's ability to continue as a going concern for one year after the date that the financial statements were available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

***Other Matter — Supplemental Schedules Required by ERISA***

The supplemental schedule of assets held for investment purposes at end of year as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*L. H. Frishkoff & Company LLP*

New York, New York  
March 28, 2024

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Statements of Net Assets Available for Benefits**

|  | <b>June 30,<br/>2023</b> | <b>December 31,<br/>2022</b> |
|--|--------------------------|------------------------------|
| <b>Assets</b>                            |                          |                              |
| Investments at Fair Value (Note 3)       | \$ -                     | \$ 3,833,218                 |
| Investment at Contract Value (Note 3)    | -                        | 1,306,372                    |
|  | -                        | 1,306,372                    |
| <b>Receivables</b>                       |                          |                              |
| Contribution Receivable from Employer    | -                        | 324,023                      |
| Notes Receivable from Participants       | -                        | 62,119                       |
|  | -                        | 386,142                      |
| <i>Total Receivables</i>                 | -                        | 386,142                      |
| <b>Net Assets Available for Benefits</b> | <b>\$ -</b>              | <b>\$ 5,525,732</b>          |

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

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Statement of Changes in Net Assets Available for Benefits**

|  | <b>Six Months Ended<br/>June 30,<br/>2023</b> |
|--|---|
| <b>Additions</b>   |   |
| <b>Investment Income</b>                                     |   |
| Net Appreciation in Fair Value of Investments                | <u>\$ 466,342</u>                             |
| <b>Interest Income on Notes Receivable from Participants</b> | <u>1,255</u>                                  |
| <b>Contributions</b>   |   |
| Employer   | 97,137  |
| Participants   | 344,035                                       |
| Rollovers  | <u>121,476</u>                                |
| <i>Total Contributions</i>                                   | <u>562,648</u>                                |
| <b>Total Additions</b>                                       | <u>1,030,245</u>                              |
| <b>Deductions</b>  |   |
| Benefits Paid to Participants                                | 795,579                                       |
| Fees & Administrative Expenses                               | <u>49,152</u>                                 |
| <b>Total Deductions</b>                                      | <u>844,731</u>                                |
| <b>Net Increase in Net Assets Before Plan Transfers</b>      | 185,514                                       |
| <b>Transfer Out of Assets</b>                                | (5,711,246)                                   |
| <i>Net Assets Available for Benefits - Beginning</i>         | <u>5,525,732</u>                              |
| <b>Net Assets Available for Benefits - Ending</b>            | <u><u>\$ -</u></u>                            |

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

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Notes to Financial Statements**  
**For the Six Months Ended June 30, 2023 and the Year Ended December 31, 2022**

**Note 1 – Description of the Plan**

The following description of the Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

*a) General and Eligibility*

The Plan is a contributory, defined contribution plan covering all eligible employees who have attained the age of 21 and completed at least 1,000 hours of service. While the Plan excludes participation from employees covered by a collective bargaining agreement or non-resident aliens, substantially all employees are able to participate in the Plan as there are no employees subject to the exclusions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the commencement of the Plan was January 1, 2005; the Plan was amended and restated effective January 1, 2018. The Plan adopted the 401(k) Safe Harbor Rules from the year beginning January 1, 2010. From January 1, 2020, the plan became a 3% nonelective safe harbor plan. On January 1, 2023, certain amendments were made to the Plan's provisions with respect to removing employment period restrictions for joining the Plan and discontinuation of the 3% Safe Harbor contributions by the employer. These changes resulted in the Plan ceasing to be a Safe Harbor plan.

On June 30, 2023, the Plan was merged into the plan of the holding company of the sponsoring entity. Accordingly, all net assets available for benefits were properly transferred into the successor plan.

*b) Contributions and Investment Options*

Participants in the Plan may elect to contribute, on a pre-tax basis as well as after tax basis, up to the maximum annual elective contribution established by the Internal Revenue Service. The Plan accepts rollover contributions on behalf of all eligible employees.

The Company matched 100% of employee contribution that is not in excess of 3% of compensation until December 31, 2022. Starting from January 1, 2023 the Company matches 50% of employee contribution that is not in excess of 6% of compensation.

The Company may, at its sole discretion, make a Profit Sharing Contribution to the Plan on behalf of the participants. During the period ended June 30, 2023 the Company made \$97,137 matching contributions to the Plan, which is reflected as Contributions from Employer. Contributions are subject to certain IRS limitations.

The assets of the Plan, which comprise of various investment funds approved by the sponsor, are allocated to these funds at the direction of the participants. Participants can change their investment allocations at their discretion by communicating directly with the Plan custodian via the telephone or internet.

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Notes to Financial Statements**  
**For the Six Months Ended June 30, 2023 and the Year Ended December 31, 2022**

**Note 1 – Description of the Plan (Continued)**

c) *Participant Accounts*

Each participant's account is credited with the participant's contribution, the Company's match, a profit sharing contribution and an allocation of the Plan's earnings. This allocation is based upon the participant's account balance in comparison to the Plan's total balance for each investment.

d) *Vesting*

All contributions, except profit sharing and matching contributions, are fully vested. The profit sharing and matching contributions become fully vested after a participant completes the following years of vesting service:

| <b>Years of Vesting Service</b>      | <b>Vesting Percentage</b> |                 |
|--------------------------------------|---------------------------|-----------------|
|                                      | <b>Profit Sharing</b>     | <b>Matching</b> |
| Less than Two Years                  | 0%                        | 20%             |
| Two Years but less than Three Years  | 20%                       | 40%             |
| Three Years but less than Four Years | 40%                       | 60%             |
| Four Years but less than Five Years  | 60%                       | 80%             |
| Five Years but less than Six Years   | 80%                       | 100%            |
| Six or More Years                    | 100%                      | 100%            |

e) *Notes Receivable from Participants*

The Plan allows eligible participants to borrow funds from their accounts equal to the lesser of 50% of the participant's account balance or \$50,000, with a minimum loan requirement of \$1,000. The term of the loan should not exceed five years (the term of a loan taken for the purpose of purchasing a primary residence should be determined at the time the loan is made). The notes are repayable through payroll deductions in approximately equal payments. Unless a loan note provides otherwise, the principal amount and accrued interest shall become immediately due and payable upon termination of employment. There were no outstanding loan balances as of June 30, 2023.

f) *Benefit Payments*

Vested benefits are payable upon death, disability, attainment of normal retirement age or termination with the Company. In-service withdrawals of rollover contributions are permitted at any time. In-service withdrawals of pre-tax and after tax contributions are permitted at age 59½. Participants with account balances equal to or less than \$1,000 are distributed directly to the participants in lump-sum cash payments. Participants with account balances more than \$1,000 but less than \$5,000 may elect a lump-sum cash distribution or a direct roll over distribution to an

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Notes to Financial Statements**  
**For the Six Months Ended June 30, 2023 and the Year Ended December 31, 2022**

**Note 1 – Description of the Plan (Continued)**

individual retirement account. Participants with amounts more than \$5,000 must consent to distribution before it may be made. Also, participants may delay benefit distributions until age 70½, at which time minimum distributions, as defined by the IRS, are required. There were no benefits payable at June 30, 2023.

*g) Forfeitures*

Forfeitures of non-vested Company contributions are used to reduce future Company contributions. There were no forfeitures for the six months ended June 30, 2023.

**Note 2 – Summary of Significant Accounting Policies**

*a) Basis of Presentation*

The financial statements of the Plan are prepared under the accrual method of accounting.

*b) Investment Valuation, Fair Value Measurements and Income Recognition*

The Plan's investments were with The Nationwide Life Insurance Company (Nationwide), the Custodian (Note 3). Interest and dividend income were recorded when received. The assets of the Plan are subject to market value fluctuations (except for the fixed benefit investment contract, which is reported at contract value) that could affect balances available for retirement benefits and future funding requirements. Loans to participants are valued at cost, which approximated fair value, and measured at their unpaid principal balances plus any accrued interest. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as at June 30, 2023.

In accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, the Plan has established a framework for measuring fair value based on a 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 ASC 820 are described as follows:

- |         |   |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include:  |

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Notes to Financial Statements**  
**For the Six Months Ended June 30, 2023 and the Year Ended December 31, 2022**

**Note 2 – Summary of Significant Accounting Policies (Continued)**

- 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's 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

*c) Benefit Distributions*

Payments to participants and beneficiaries for benefit distributions are recognized when paid by the Custodian.

*d) Expenses of the Plan*

All expenses incurred in the administration of the Plan are paid by the Company. However, individual transaction brokerage fees and certain other individually related expenses are paid directly from the Plan's assets.

*e) Pervasiveness of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingent assets and liabilities at the date of the financial statements, and revenues and expenses during the reporting period. Actual results could differ from those estimates.

*f) Risk and Uncertainties*

The Plan provides for various investment options which may invest in any combination of stocks and bonds, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Notes to Financial Statements**  
**For the Six Months Ended June 30, 2023 and the Year Ended December 31, 2022**

**Note 2 – Summary of Significant Accounting Policies (Continued)**

risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits.

**Note 3 – Summary of Financial Data Certified by the Custodian**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule including investments and notes receivable from participants which were transferred out to the other plan at June 30, 2023, and net appreciation in fair value of investments and interest for the six months ended June 30, 2023, was obtained or derived from information supplied by the plan administrator and certified as complete and accurate by Nationwide (the custodian of the Plan). The Plan had no investments subject to fair value measurement at June 30, 2023.

The following represent the fair value of each level of participant directed investments at (as determined by the Custodian) as of December 31, 2022:

|                                 | <b>Fair Value Measurements<br/>Using Inputs Considered as</b> |                |                | <b>Fair Value<br/>of Assets</b> |
|---------------------------------|---|----------------|----------------|---------------------------------|
|                                 | <b>Level 1</b>  | <b>Level 2</b> | <b>Level 3</b> | <b>2022</b>                     |
| Registered Investment Companies | \$ 3,833,218  | \$ -           | \$ -           | \$ 3,833,218                    |
|                                 | <u>\$ 3,833,218</u>   | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 3,833,218</u>             |

- a. Registered investment companies (or mutual funds) are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- b. Nationwide Fixed Select Contract is a group annual contract designed for those who are looking for stability, who have low risk tolerance, and who are seeking the security of a fixed contract with the exchange potential of a mutual fund. It offers a competitive quarterly interest rate and features a net interest rate that will not go below 0.5%. It allows participants the ability to exchange into and out of the contract, therefore, it is considered fully benefit-responsive investment and is considered a tradition investment as the amounts are deposited in Nationwide's general account.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. There are certain events where the issuer could terminate the contract resulting in the Plan not being able to receive immediate contract value. However, the Plan Administrator does not believe that any of these events which would limit the Plan's ability

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Notes to Financial Statements**  
**For the Six Months Ended June 30, 2023 and the Year Ended December 31, 2022**

**Note 4 – Tax Status of the Plan**

to transact at contract value with participants are probable of occurring.

The Plan has adopted a Volume Submitter Plan which has been accepted under section 401 of the Internal Revenue Code as a qualified plan. Therefore, the Plan is treated as tax-exempt under the appropriate sections of the Internal Revenue Code. Consequently, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

**Note 5 – Party-in-Interest Transactions**

All Plan investments are managed by the Custodian; also the Plan paid certain expenses related to plan operation and investment activity to the Custodian. As such, these transactions qualify as part-in-interest transactions. In addition, Paychex, Inc. provides payroll services to the Plan's sponsor.

**Note 6 – Fidelity Bond**

As of June 30, 2023, the plan was covered by a fidelity bond in the amount of \$500,000.

**Note 7 – Reconciliation of Financial Statements to Form 5500**

There is no reconciliation required between the financial statements and the Form 5500.

**Note 8 – Subsequent Events**

In accordance with FASB ASC 855, the management of Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust has evaluated subsequent events through March 28, 2024, the date the financial statements were available to be issued.

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Schedule I – Assets Held for Investment Purposes at End of Year**  
**December 31, 2022**

EIN Number 22-3562412  
Plan Number 001  
Form 5500  
Schedule H for Line 4i

| Column A | Column B<br>Identity of Issuer | Column C<br>Description of Asset                      | Column D<br>Cost | Column E<br>Current Value |
|----------|--------------------------------|---|------------------|---------------------------|
|          | Black Rock                     | Strategic Income Opps Instl                           | (1)              | \$ 12,498                 |
|          | DFA                            | Global Real Estate Securities Portfolio Institutional | (1)              | \$ 157                    |
|          | PIMCO                          | Commodity Real Return StrategyFund Institutional      | (1)              | \$ 30,045                 |
|          | Principal                      | Global Real Estate Securities Fund Class R-6          | (1)              | \$ 34,053                 |
|          | Principal                      | Real Estate Securities Fund Institutional             | (1)              | \$ 27                     |
|          | Vanguard                       | Real Estate Index Fund Admiral Shares                 | (1)              | \$ 1,092                  |
|          | American Beacon                | International Equity Fund                             | (1)              | \$ 442                    |
|          | DFA                            | Emerging Markets Core Equity Portfolio Institutional  | (1)              | \$ 60,288                 |
|          | Fidelity                       | International Index Fund                              | (1)              | \$ 55,719                 |
|          | Goldman Sachs                  | GQG Partners International Opportunities Fund         | (1)              | \$ 70,137                 |
|          | Federated Hermes               | Government Obligations FD                             | (1)              | \$ 15,167                 |
|          | Harbor                         | International Growth Institutional                    | (1)              | \$ 426                    |
|          | Dodge & Cox                    | International Stock Fund                              | (1)              | \$ 69,460                 |
|          | Vanguard                       | Emerging Markets Stock Index Fund Shares              | (1)              | \$ 45,687                 |
|          | Vanguard                       | Total International Stock Index Fund Admiral Shares   | (1)              | \$ 41,956                 |
|          | Avantis                        | U.S. Small Cap Value Fund Institutional Class         | (1)              | \$ 15,976                 |
|          | Avantis                        | U.S. Large Cap Value Fund                             | (1)              | \$ 57,112                 |
|          | DFA                            | U.S. Targeted Value Portfolio Institutional           | (1)              | \$ 303                    |
|          | Vanguard                       | Explorer Fund Admiral Shares                          | (1)              | \$ 13,394                 |
|          | Vanguard                       | Small-Cap Index Fund Admiral Shares                   | (1)              | \$ 15,191                 |
|          | Vanguard                       | Small-Cap Growth Index Admiral Shares                 | (1)              | \$ 16,348                 |
|          | Vanguard                       | Small-Cap Value Index Fund Admiral Shares             | (1)              | \$ 47,180                 |
|          | Blackrock                      | Mid-Cap Growth Equity Portfolio Institutional Shares  | (1)              | \$ 29,902                 |
|          | Vanguard                       | Mid-Cap Growth Index Fund Admiral Shares              | (1)              | \$ 13,112                 |
|          | Vanguard                       | Mid-Cap Value Index Fund Admiral Shares               | (1)              | \$ 54,220                 |
|          | Vanguard                       | Mid-Cap Index Fund Admiral Shares                     | (1)              | \$ 16,934                 |
|          | Columbia                       | Select Large Cap Growth Fund Institutional 2          | (1)              | \$ 510                    |
|          | DFA                            | U.S. Large Cap Value Portfolio Institutional          | (1)              | \$ 813                    |
|          | Fidelity                       | 500 Index Fund  | (1)              | \$ 108,787                |
|          | JP Morgan                      | Equity Income Fund Class R5                           | (1)              | \$ 54,000                 |
|          | JP Morgan                      | Large Cap Growth Fund Class R6                        | (1)              | \$ 51,611                 |
| *        | Nationwide                     | Loomis All Cap Growth Fund Class R6                   | (1)              | \$ 57,474                 |
|          | Diamond Hill                   | Mid Cap Fund I  | (1)              | \$ 31,030                 |
|          | Vanguard                       | Growth Index Fund Admiral Shares                      | (1)              | \$ 308,393                |
|          | Vanguard                       | Total Stock Index Fund Admiral Shares                 | (1)              | \$ 189,687                |
|          | Vanguard                       | Value Index Fund Admiral Shares                       | (1)              | \$ 222,484                |
|          | Vanguard                       | Target Retirement 2020 Fund                           | (1)              | \$ 168,500                |
|          | Vanguard                       | Target Retirement 2025 Fund                           | (1)              | \$ 264,349                |
|          | Vanguard                       | Target Retirement 2030 Fund                           | (1)              | \$ 15,807                 |
|          | Vanguard                       | Target Retirement 2035 Fund                           | (1)              | \$ 220,699                |
|          | Vanguard                       | Target Retirement 2040 Fund                           | (1)              | \$ 193,790                |
|          | Vanguard                       | Target Retirement 2045 Fund                           | (1)              | \$ 191,310                |
|          | Vanguard                       | Target Retirement 2050 Fund                           | (1)              | \$ 248,568                |
|          | Vanguard                       | Target Retirement 2055 Fund                           | (1)              | \$ 208,902                |
|          | Vanguard                       | Target Retirement 2060 Fund                           | (1)              | \$ 89,240                 |

See Auditors' Report on Supplemental Schedules

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Schedule I – Assets Held for Investment Purposes at End of Year**  
**December 31, 2022**

EIN Number 22-3562412  
 Plan Number 001  
 Form 5500  
 Schedule H for Line 4i

| <b>Column A</b> | <b>Column B<br/>Identity of Issuer</b> | <b>Column C<br/>Description of Asset</b>           | <b>Column D<br/>Cost</b> | <b>Column E<br/>Current Value</b> |
|-----------------|--|--|--------------------------|-----------------------------------|
|                 | Vanguard                               | Target Retirement 2065 Fund                        | (1)                      | \$ 1,886                          |
|                 | Vanguard                               | Target Retirement Income Fund                      | (1)                      | \$ 61,658                         |
|                 | BlackRock                              | High Yield Bond Portfolio K                        | (1)                      | \$ 52,611                         |
|                 | BlackRock                              | Total Return K                                     | (1)                      | \$ 22,436                         |
|                 | Delaware IVY                           | Emerging Markets Local Currency Debt Fund          | (1)                      | \$ 16                             |
|                 | Fidelity                               | U.S. Bond Index Fund                               | (1)                      | \$ 34,527                         |
|                 | Lord Abbett                            | Floating Rate Fund Class R5                        | (1)                      | \$ 15                             |
|                 | Alliance Bernstein                     | Global Bond Fund Class I                           | (1)                      | \$ 31,188                         |
|                 | Prudential                             | Total Return Bond Fund Class R6                    | (1)                      | \$ 45,575                         |
|                 | PIMCO                                  | Real Return Fund Institutional Class               | (1)                      | \$ 33,472                         |
|                 | PIMCO                                  | StocksPlus Long Duration Fund Institutional        | (1)                      | \$ 2,867                          |
|                 | Vanguard                               | High-Yield Corporate Fund Admiral Shares           | (1)                      | \$ 6,676                          |
|                 | Vanguard                               | Inflation-Protected Securities Fund Admiral Shares | (1)                      | \$ 26,539                         |
|                 | Vanguard                               | Intermediate-Term Bond Index Admiral Shares        | (1)                      | \$ 13,387                         |
|                 | Vanguard                               | Total Bond Market Index Fund Admiral Shares        | (1)                      | \$ 140,439                        |
|                 | Vanguard                               | Total International Bond Index Admiral Shares      | (1)                      | \$ 17,146                         |
|                 |  |  |                          | <u>\$ 3,833,218</u>               |
| *               | Nationwide                             | Fixed Select Contract                              |                          | <u>\$ 1,306,372</u>               |
|                 |  |  |                          | <u>\$ 5,139,590</u>               |
|                 | Notes Receivable                       | Interest rates range between 4.25% and 6.50%       |                          | <u>\$ 62,119</u>                  |
|                 |  |  |                          | <u><u>\$ 5,201,709</u></u>        |

\* Parties-in-interest  
 (1) Participant Directed Funds – Disclosure Not Required

Information included in the Schedule of Assets Held for Investment Purposes at End of Year is certified by Nationwide, the Custodian of the Plan.

See Auditors' Report on Supplemental Schedules

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

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

OMB Nos. 1210-0110  
1210-0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 06/30/2023


- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 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)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

|  |  |              |
|--|--|--------------|
| <b>1a</b> Name of plan<br>CHANTECAILLE BEAUTE INC 401 K PROFIT SHARING PLAN TRUST  | <b>1b</b> Three-digit plan number (PN) ▶       | 001          |
|  | <b>1c</b> Effective date of plan               | 01/01/2005   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>CHANTECAILLE BEAUTE INC<br><br>584 BROADWAY RM 1111<br><br>NEW YORK NY 10012-5238 | <b>2b</b> Employer Identification Number (EIN) | 22-3562412   |
|  | <b>2c</b> Plan Sponsor's telephone number      | 631-324-1038 |
|  | <b>2d</b> Business code (see instructions)     | 541400       |

**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.

|                  |   |        |  |
|------------------|---|--------|--|
| <b>SIGN HERE</b> |  | 4/8/24 | Gabriel Robinson   |
|                  | Signature of plan administrator   | Date   | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |        |  |
|                  | Signature of employer/plan sponsor  | Date   | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |        |  |
|                  | Signature of DFE  | Date   | Enter name of individual signing as DFE                      |

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 254   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 178<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g(1)</b> 178<br><b>6g(2)</b> 0<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>   |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 2A

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|  |   |
|--|---|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|--|---|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|   |   |
|---|---|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) -- Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) -- Number Attached <u>1</u><br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|---|---|

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Schedule I – Assets Held for Investment Purposes at End of Year**  
**December 31, 2022**

EIN Number 22-3562412  
Plan Number 001  
Form 5500  
Schedule H for Line 4i

| Column A | Column B<br>Identity of Issuer | Column C<br>Description of Asset                      | Column D<br>Cost | Column E<br>Current Value |
|----------|--------------------------------|---|------------------|---------------------------|
|          | Black Rock                     | Strategic Income Opps Instl                           | (1)              | \$ 12,498                 |
|          | DFA                            | Global Real Estate Securities Portfolio Institutional | (1)              | \$ 157                    |
|          | PIMCO                          | Commodity Real Return StrategyFund Institutional      | (1)              | \$ 30,045                 |
|          | Principal                      | Global Real Estate Securities Fund Class R-6          | (1)              | \$ 34,053                 |
|          | Principal                      | Real Estate Securities Fund Institutional             | (1)              | \$ 27                     |
|          | Vanguard                       | Real Estate Index Fund Admiral Shares                 | (1)              | \$ 1,092                  |
|          | American Beacon                | International Equity Fund                             | (1)              | \$ 442                    |
|          | DFA                            | Emerging Markets Core Equity Portfolio Institutional  | (1)              | \$ 60,288                 |
|          | Fidelity                       | International Index Fund                              | (1)              | \$ 55,719                 |
|          | Goldman Sachs                  | GQG Partners International Opportunities Fund         | (1)              | \$ 70,137                 |
|          | Federated Hermes               | Government Obligations FD                             | (1)              | \$ 15,167                 |
|          | Harbor                         | International Growth Institutional                    | (1)              | \$ 426                    |
|          | Dodge & Cox                    | International Stock Fund                              | (1)              | \$ 69,460                 |
|          | Vanguard                       | Emerging Markets Stock Index Fund Shares              | (1)              | \$ 45,687                 |
|          | Vanguard                       | Total International Stock Index Fund Admiral Shares   | (1)              | \$ 41,956                 |
|          | Avantis                        | U.S. Small Cap Value Fund Institutional Class         | (1)              | \$ 15,976                 |
|          | Avantis                        | U.S. Large Cap Value Fund                             | (1)              | \$ 57,112                 |
|          | DFA                            | U.S. Targeted Value Portfolio Institutional           | (1)              | \$ 303                    |
|          | Vanguard                       | Explorer Fund Admiral Shares                          | (1)              | \$ 13,394                 |
|          | Vanguard                       | Small-Cap Index Fund Admiral Shares                   | (1)              | \$ 15,191                 |
|          | Vanguard                       | Small-Cap Growth Index Admiral Shares                 | (1)              | \$ 16,348                 |
|          | Vanguard                       | Small-Cap Value Index Fund Admiral Shares             | (1)              | \$ 47,180                 |
|          | Blackrock                      | Mid-Cap Growth Equity Portfolio Institutional Shares  | (1)              | \$ 29,902                 |
|          | Vanguard                       | Mid-Cap Growth Index Fund Admiral Shares              | (1)              | \$ 13,112                 |
|          | Vanguard                       | Mid-Cap Value Index Fund Admiral Shares               | (1)              | \$ 54,220                 |
|          | Vanguard                       | Mid-Cap Index Fund Admiral Shares                     | (1)              | \$ 16,934                 |
|          | Columbia                       | Select Large Cap Growth Fund Institutional 2          | (1)              | \$ 510                    |
|          | DFA                            | U.S. Large Cap Value Portfolio Institutional          | (1)              | \$ 813                    |
|          | Fidelity                       | 500 Index Fund  | (1)              | \$ 108,787                |
|          | JP Morgan                      | Equity Income Fund Class R5                           | (1)              | \$ 54,000                 |
|          | JP Morgan                      | Large Cap Growth Fund Class R6                        | (1)              | \$ 51,611                 |
| *        | Nationwide                     | Loomis All Cap Growth Fund Class R6                   | (1)              | \$ 57,474                 |
|          | Diamond Hill                   | Mid Cap Fund I  | (1)              | \$ 31,030                 |
|          | Vanguard                       | Growth Index Fund Admiral Shares                      | (1)              | \$ 308,393                |
|          | Vanguard                       | Total Stock Index Fund Admiral Shares                 | (1)              | \$ 189,687                |
|          | Vanguard                       | Value Index Fund Admiral Shares                       | (1)              | \$ 222,484                |
|          | Vanguard                       | Target Retirement 2020 Fund                           | (1)              | \$ 168,500                |
|          | Vanguard                       | Target Retirement 2025 Fund                           | (1)              | \$ 264,349                |
|          | Vanguard                       | Target Retirement 2030 Fund                           | (1)              | \$ 15,807                 |
|          | Vanguard                       | Target Retirement 2035 Fund                           | (1)              | \$ 220,699                |
|          | Vanguard                       | Target Retirement 2040 Fund                           | (1)              | \$ 193,790                |
|          | Vanguard                       | Target Retirement 2045 Fund                           | (1)              | \$ 191,310                |
|          | Vanguard                       | Target Retirement 2050 Fund                           | (1)              | \$ 248,568                |
|          | Vanguard                       | Target Retirement 2055 Fund                           | (1)              | \$ 208,902                |
|          | Vanguard                       | Target Retirement 2060 Fund                           | (1)              | \$ 89,240                 |

See Auditors' Report on Supplemental Schedules

**Chantecaille Beaute Inc. 401(K) Profit Sharing Plan Trust**  
**Schedule I – Assets Held for Investment Purposes at End of Year**  
**December 31, 2022**

EIN Number 22-3562412  
 Plan Number 001  
 Form 5500  
 Schedule H for Line 4i

| Column A | Column B<br>Identity of Issuer | Column C<br>Description of Asset                   | Column D<br>Cost | Column E<br>Current Value |
|----------|--------------------------------|--|------------------|---------------------------|
|          | Vanguard                       | Target Retirement 2065 Fund                        | (1) \$           | 1,886                     |
|          | Vanguard                       | Target Retirement Income Fund                      | (1) \$           | 61,658                    |
|          | BlackRock                      | High Yield Bond Portfolio K                        | (1) \$           | 52,611                    |
|          | BlackRock                      | Total Return K                                     | (1) \$           | 22,436                    |
|          | Delaware IVY                   | Emerging Markets Local Currency Debt Fund          | (1) \$           | 16                        |
|          | Fidelity                       | U.S. Bond Index Fund                               | (1) \$           | 34,527                    |
|          | Lord Abbett                    | Floating Rate Fund Class R5                        | (1) \$           | 15                        |
|          | Alliance Bernstein             | Global Bond Fund Class I                           | (1) \$           | 31,188                    |
|          | Prudential                     | Total Return Bond Fund Class R6                    | (1) \$           | 45,575                    |
|          | PIMCO                          | Real Return Fund Institutional Class               | (1) \$           | 33,472                    |
|          | PIMCO                          | StocksPlus Long Duration Fund Institutional        | (1) \$           | 2,867                     |
|          | Vanguard                       | High-Yield Corporate Fund Admiral Shares           | (1) \$           | 6,676                     |
|          | Vanguard                       | Inflation-Protected Securities Fund Admiral Shares | (1) \$           | 26,539                    |
|          | Vanguard                       | Intermediate-Term Bond Index Admiral Shares        | (1) \$           | 13,387                    |
|          | Vanguard                       | Total Bond Market Index Fund Admiral Shares        | (1) \$           | 140,439                   |
|          | Vanguard                       | Total International Bond Index Admiral Shares      | (1) \$           | 17,146                    |
|          |                                |  |                  | \$ 3,833,218              |
| *        | Nationwide                     | Fixed Select Contract                              |                  | \$ 1,306,372              |
|          |                                |  |                  | \$ 5,139,590              |
|          | Notes Receivable               | Interest rates range between 4.25% and 6.50%       |                  | \$ 62,119                 |
|          |                                |  |                  | \$ 5,201,709              |

\* Parties-in-interest  
 (1) Participant Directed Funds – Disclosure Not Required

Information included in the Schedule of Assets Held for Investment Purposes at End of Year is certified by Nationwide, the Custodian of the Plan.

See Auditors' Report on Supplemental Schedules