

2520090770085

Givaudan<sup>®</sup>

07/07/17 11:08:55

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Delinquent Filer Voluntary Compliance Program

Dear Sir/Madame:

Givaudan Fragrances Corporation maintains the following unfunded top-hat plans providing deferred compensation to a select group of management or highly compensated employees.

Employer's Name and Address: Givaudan Fragrances Corporation  
300 Waterloo Valley Road  
Mount Olive, NJ 07828

Employer Identification Number: 31-1707845

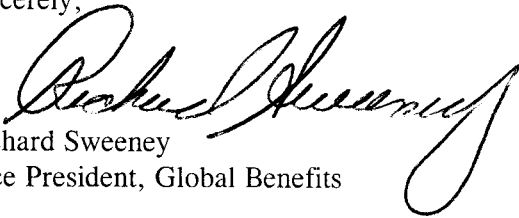
<u>Name of Plan</u>	<u>Number of Participants</u>
Givaudan Fragrances Corporation Long-Term Incentive Award Deferral Plan	36
Agreement by and between Givaudan Fragrances Corporation and Jack Agran	1
Agreement by and between Givaudan Fragrances Corporation and Paolo Andriollo	1
Agreement by and between Givaudan Fragrances Corporation and Bruce R. Bachmeier	1
Agreement by and between Givaudan Fragrances Corporation and Michele Brubaker	1
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Agreement by and between Givaudan Fragrances Corporation and Joseph Dono	1
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Agreement by and between Givaudan Fragrances Corporation and Thomas Virtue	1
Agreement by and between Givaudan Fragrances Corporation and Geoffrey Webster	1
Agreement by and between Givaudan Fragrances Corporation and Nicholas Wong	1

Sincerely,



Richard Sweeney  
Vice President, Global Benefits

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 under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

Official Use Only  
OMB Nos. 1210-0110  
1210-0088

**2006**

This Form Is Open to  
Public Inspection.

#### Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning \_\_\_\_\_, and ending \_\_\_\_\_,

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here \_\_\_\_\_ ▶
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) \_\_\_\_\_ ▶

#### Basic Plan Information -- enter all requested information.

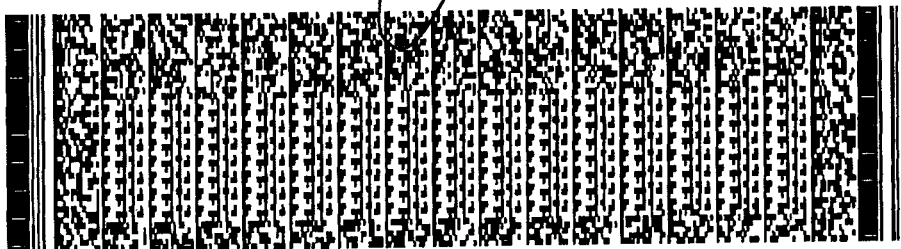
<b>1a</b> Name of plan Givaudan Fragrances Corporation Long Term Incentive Award Deferral Plan	<b>1b</b> Three-digit plan number (PN) ▶ 888
	<b>1c</b> Effective date of plan (mo., day, yr.) 1/1/2004
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)  Givaudan Fragrances Corporation 300 Waterloo Valley Road Mount Olive, NJ 07828	<b>2b</b> Employer Identification Number (EIN) 31-1707845
	<b>2c</b> Sponsor's telephone number 973-448-6500
	<b>2d</b> Business code (see instructions)

**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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

	_____	_____	_____
Signature of plan administrator	Date	Type or print name of individual signing as plan administrator	
	_____	_____	_____
Signature of employer/plan sponsor/DFE	Date	Type or print name of individual signing as employer, plan sponsor or DFE	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Form 5500 (2006)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")

SAME

3b Administrator's EIN  
31-1707845

3c Administrator's telephone number  
973-448-6500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year

6

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants

b Retired or separated participants receiving benefits

c Other retired or separated participants entitled to future benefits

d Subtotal. Add lines 7a, 7b, and 7c

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

f Total. Add lines 7d and 7e

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

7a

7b

7c

7d

7e

7f

7g

7h

7i

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

a  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

b  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

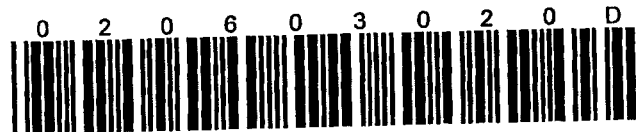
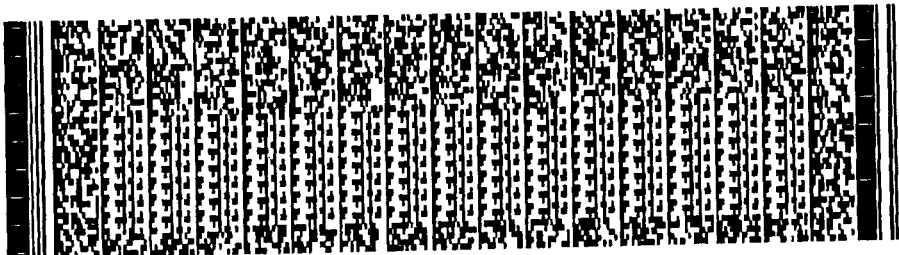
9a Plan funding arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

v9.0



**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

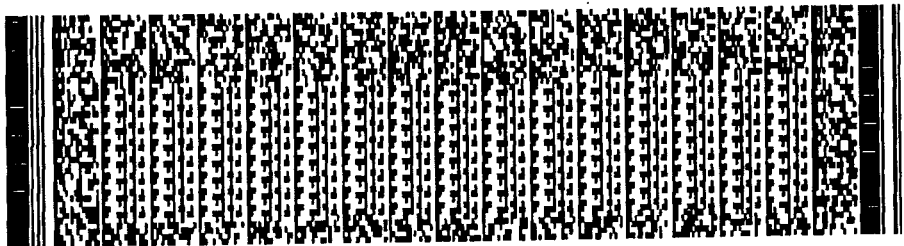
**a Pension Benefit Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **B** (Actuarial Information)
- (3)  **E** (ESOP Annual Information)
- (4)  **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

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

v9.1



Name of Plan

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