Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

Short Form Annual Return/Report of Small Employee

Benefit Plan

1210-0089

2009

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.				
		ntification Information							
For	calendar plan year 2009 or fiscal p	plan year beginning 01/01/200	09	and ending 1	2/31/2	2009			
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant p	olan		
	· —	first return/report	final retur	n/report	_				
	Ī	an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatic	extension					
		special extension (enter descripti	on)			☐ DFVC program			
Pa		ation—enter all requested inform							
	Name of plan	ation—enter all requested inform	iation		1h	Three-digit			
	TIUM SPA 401(K) PLAN					plan number			
						(PN) •	001		
					1c	Effective date of pla			
						01/01/2007			
	Plan sponsor's name and address FIUM SPA	s (employer, if for single-employe	r plan)		2b	Employer Identifica (EIN) 98-044528			
GEN	HUW SPA				2c	(EIN) 98-044528 Plan sponsor's tele			
45 R	OCKEFELLER PLAZA, 20TH FLO	OOR				212-332-16			
NEW	YORK, NY 10111-2099				2d	Business code (see	instructions)		
	Di liin di		. "0	"	26	812990			
	Plan administrator's name and ad TIUM SPA			er) AZA. 20TH FLOOR	30	Administrator's EIN 98-044528			
		NEW YORK			3c	Administrator's tele			
						212-332-10			
	the name and/or EIN of the plan			port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan number fi	rom the last return/report. Spons	or s name		4c PN				
5a	5a Total number of participants at the beginning of the plan year						4		
b					5a 5b		4		
C	Total number of participants with	• •			30				
				car (acimea benefit plane do net	5c		4		
6a	Were all of the plan's assets duri	ing the plan year invested in eligil	ole assets?	(See instructions.)			X Yes No		
b				ndent qualified public accountant (IQ		1	V vaa 🗆 Na		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Da	rt III Financial Informati		-orm 5500-	SF and must instead use Form 55	υυ.				
		1011		(a) Baninging of Yang		(In) Ford of			
7	Plan Assets and Liabilities Total plan assets		7-	(a) Beginning of Year 56087	7	(b) End of	146232		
	. Gran prair accord		<u>7a</u>	30007	+		0		
b	Total plan liabilities						146232		
<u>C</u>	Net plan assets (subtract line 7b		7с	56087					
8	Income, Expenses, and Transfers Contributions received or receiva			(a) Amount		(b) Tota	31		
а			8a(1)	21076	3				
	(2) Participants		8a(2)	39096	6				
	(3) Others (including rollovers)								
b	Other income (loss)			30970)				
С	Total income (add lines 8a(1), 8a	(2), 8a(3), and 8b)	8c				91142		
d	Benefits paid (including direct roll	, , , , , , , , , , , , , , , , , , , ,							
	to provide benefits)		8d						
е	Certain deemed and/or corrective	e distributions (see instructions)	8e						
f	Administrative service providers ((salaries, fees, commissions)	8f	997	7				
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e,	, 8f, and 8g)	8h				997		
i	Net income (loss) (subtract line 8	sh from line 8c)	<u>8i</u>				90145		
j	Transfers to (from) the plan (see	instructions)	8i						

Part IV	Plan Characteristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

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

D	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	List of Plan Charac	cteris	iic Co	des in	tne instruc	tions:	
Part	٧	Compliance Questions								
10	During the plan year:					Yes	No Amou			it
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		•	10b		X			
С	C Was the plan covered by a fidelity bond?						X			
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
• Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X				179
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Χ			
h	If th	is is an individual account plan, was there a blackout period? (See	instructions and 29	O CFR	10h		X			
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пу	es No
12		0))his a defined contribution plan subject to the minimum funding requ								es X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the code	01 36	CHOIT	JUZ UI	LINIOA:	П.	оо 🗀
		waiver of the minimum funding standard for a prior year is being an		year, see instruc	tions,	and e	enter th	ne date of t	he letter	ruling
	-	nting the waiver.			h		Day		Year _	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b. Enter the minimum required contribution for this plan year.									
	b Enter the minimum required contribution for this plan year						12c			
d	 C Enter the amount contributed by the employer to the plan for this plan year						12d			
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					-		Yes	No	N/A
Part \	۷II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Y	es X No
	lf "Y	'es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e pla	n(s) to)		<u> </u>	
13	13c(1) Name of plan(s):					13	c(2) El	N(s)	13c	(3) PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	ise is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN Filed with authorized/valid electronic signature. 10/13/2010 GARY GURMAN										
HERE					dividu	ıal sig	ning as	s plan adm	inistrato	r

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.			
	art I Annual Report Identification Information				10/21/000		
For	calendar plan year 2009 or fiscal plan year beginning	01/01/2	009 and ending		12/31/2009		
Α.	This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan						
В	This return/report is for:	final retu	n/report				
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)	_		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter description	on)					
Pa	rt II Basic Plan Information—enter all requested inform	ation					
	Name of plan			1b	Three-digit		
	GENTIUM SPA 401(K) PLAN				plan number		
					(PN) ▶ 001		
				1c	Effective date of plan 01/01/2007		
2a	Plan sponsor's name and address (employer, if for single-employer GENTTUM SPA	plan)		2b	Employer Identification Number		
	GENTIUM SPA			<u></u>	(EIN) 98-0445288		
				2c	Plan sponsor's telephone number (212) 332-1665	•	
	45 ROCKEFELLER PLAZA, 20TH FLOOR			24	Business code (see instructions)	_	
	NEW YORK		NY 10111-2099		812990		
	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam	a")	3b	Administrator's EIN		
	SAME			2-	Add Carlot and the lands are a second as	_	
			- Marie - Mari	30	Administrator's telephone number	<i>;</i>	
	f the name and/or EIN of the plan sponsor has changed since the lat		eport filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Sponso	ii s name	<u>.</u>	4c	PN		
5a	Total number of participants at the beginning of the plan year			5a		4	
b	Total number of participants at the end of the plan year			5b		4	
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not			_		- 4		
complete this item)				5c		4	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)				X Yes N	lo	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo						
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	. 7a	56,08	7	146,23	<u></u> 32	
_	Total plan liabilities	7b		0		0	
C	Net plan assets (subtract line 7b from line 7a)	7c	56,08	7	146,23	32	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a	Contributions received or receivable from:						
	(1) Employers	8a(1)	21,07	⊣			
	(2) Participants	8a(2)	39,09	6			
	(3) Others (including rollovers)	8a(3)		_[
þ	Other income (loss)	8b	30,97	0			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			91,14	42	
d	Benefits paid (including direct rollovers and insurance premiums	9.4					
^	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		-			
e f	·	8e	99	7			
	Administrative service providers (salaries, fees, commissions)	8f	33	4.			
g	Other expenses (add lines 2d, 2c, 2f, and 2c)	8g		+ -	0.0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh ei		+	99		
l i	Net income (loss) (subtract line 8h from line 8c)	Bi		+	90,14	<u>+</u> ⊃	
	Transfers to (from) the plan (see instructions)	8j	ring or		B 22-2 AP 1		
For F	aperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ns for Form	5500-SP.		Form 5600-SF (2009 v,09230		

		Form 5500-SF 2009	Pa	age 2-		_					
Part	- 137	Plan Characteristics				A					
9a	If th	e plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Chara	acterist	lic Co	des in t	the instruc	tions:		·
þ	if th	e plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Chara	cteristi	ic Cod	ies in ti	he instruct	ions:		
Part	v	Compliance Questions									
10	Du	ing the plan year:				Yes	No		Amo	unt	
а	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	am)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						\mathbf{x}				
		as the plan covered by a fidelity bond?			10c		х				
c d	Dic	the plan have a loss, whether or not reimbursed by the plan's fid	elity bond, that was	caused by fraud	10d		х		.		
е	We	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of ti tructions.)	persons by an insur he benefits under the	ance carrier, e plan? (See	10e	х					179
f		s the plan failed to provide any benefit when due under the plan?			10f		Х				
-		the plan have any participant loans? (If "Yes," enter amount as o			10g		х		-		
g h	lf th	his is an individual account plan, was there a blackout period? (Se	ee instructions and 2	9 CFR	10g 10h		х	i			
i	If 1	Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i						
Part		Pension Funding Compliance									
11	ls t	nis a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes," see ins	tructions and com	plete S	Sched	ule SB	(Form		Yes	
12		his a defined contribution plan subject to the minimum funding re-								Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
lf v	granting the waiverMonth DayYear										
_	b Enter the minimum required contribution for this plan year										
		er the amount contributed by the employer to the plan for this plan					12c				
	Sul	otract the amount in line 12c from the amount in line 12b. Enter th ative amount)	e result (enter a min	us sign to the left	of a		12d				
е	Wil	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	N	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?		<u></u>			П	Yes	X No
		es," enter the amount of any plan assets that reverted to the emp				- 1	13a				
	We of t	re all the plan assets distributed to participants or beneficiaries, tr he PBGC?	ansferred to anothe	r plan, or brought	under	the co				Yes	X No
С	C 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.)										
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c			3c(3)	PN(s)		
					_				<u> </u>		
, ,											
		A penalty for the late or incomplete filing of this return/repor									
SB or	· Scl	nalties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
5101	,	Bed Steller	10/12/2010	SALVATO	RC	CA	4	E8 <u>e</u>			
SIGN		Signature of plan administrator Date Enter name of in							inistra	ator	
610.		500dul Lau					auglese				
SIGN	- 1	Signature of employer/plan sponsor Date Enter name of in							Or nl:	ลก รถด	nsor
		Orginature or emproyemplan aponsor	- Late	Later hante of III	iaiviau	ur olyl	mig as	- Striployel	or pic	an apu	1301