

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/2007</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>CALIFORNIA FERTILITY PARTNERS</u> <u>11818 WILSHIRE BLVD., SUITE 300</u> <u>LOS ANGELES, CA 90025-6648</u>	2b Employer Identification Number (EIN) <u>95-4401683</u> 2c Plan sponsor's telephone number <u>310-828-4008</u> 2d Business code (see instructions) <u>621111</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>CALIFORNIA FERTILITY PARTNERS</u> <u>11818 WILSHIRE BLVD., SUITE 300</u> <u>LOS ANGELES, CA 90025-6648</u>	3b Administrator's EIN <u>95-4401683</u> 3c Administrator's telephone number <u>310-828-4008</u>
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. Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>13</u>
b Total number of participants at the end of the plan year	5b <u>13</u>
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7 Plan Assets and Liabilities	
a Total plan assets	7a (a) Beginning of Year <u>914120</u> (b) End of Year <u>1347217</u>
b Total plan liabilities	7b <u>0</u> <u>34893</u>
c Net plan assets (subtract line 7b from line 7a).....	7c <u>914120</u> <u>1312324</u>
8 Income, Expenses, and Transfers for this Plan Year	
a Contributions received or receivable from:	(a) Amount (b) Total
(1) Employers	8a(1) <u>297400</u>
(2) Participants	8a(2) <u>0</u>
(3) Others (including rollovers).....	8a(3) <u>0</u>
b Other income (loss).....	8b <u>147044</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>444444</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d <u>34893</u>
e Certain deemed and/or corrective distributions (see instructions)....	8e <u>0</u>
f Administrative service providers (salaries, fees, commissions).....	8f <u>0</u>
g Other expenses.....	8g <u>11347</u>
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h <u>46240</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i <u>398204</u>
j Transfers to (from) the plan (see instructions).....	8j <u>0</u>

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1C 3D

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

	Yes	No	Amount
10 During the plan year:			
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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(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 granting the waiver. Month _____ 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.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		

Part VII Plan Terminations and Transfers of Assets**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ NoIf "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No**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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2011	DR. RICHARD MARRS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CALIFORNIA FERTILITY PARTNERS</u>	D Employer Identification Number (EIN) <u>95-4401683</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>909646</u>
b	Actuarial value 2b <u>909646</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1</u> <u>33345</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>3586</u>
(2)	Vested benefits 3c(2) <u>875751</u>
(3)	Total active 3c(3) <u>12</u> <u>879337</u>
d	Total 3d <u>13</u> <u>912682</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.16</u> %
6	Target normal cost 6 <u>266736</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>08/10/2011</u>
Signature of actuary	Date
<u>WYLMINA HETTINGA, EA</u>	<u>11-05453</u>
Type or print name of actuary	Most recent enrollment number
<u>PRIMARK BENEFITS</u>	<u>650-692-2043</u>
Firm name	Telephone number (including area code)
<u>875 MAHLER ROAD, SUITE 105</u> <u>BURLINGAME, CA 94010</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	40974
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	10147
9	Amount remaining (Item 7 minus item 8).....	0	30827
10	Interest on item 9 using prior year's actual return of <u>13.36</u> %	0	4118
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.98</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	34945

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	95.83 %
15	Adjusted funding target attainment percentage.....	15	95.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/10/2010	25000	0	04/23/2011	50000	0
07/26/2010	25000	0	05/10/2011	70500	0
10/18/2010	25000	0			
10/28/2010	50000	0			
12/29/2010	51000	0			
03/09/2011	900	0			
Totals ►			18(b)	297400	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	277379

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	266736
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1474	1338
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	268074
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	268074
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	277379
38 Interest-adjusted excess contributions for current year (see instructions).....	38	9305
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN

Statement of Actuarial Assumptions and Method

Plan Year: 1/1/2010 to 12/31/2010

Valuation Date: 1/1/2010

	<u>For PPA Funding</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Segment 1 5.03%	Segment 1 5.00%	Pre-Retirement 5.00%
	Segment 2 6.73%	Segment 2 5.00%	Post-Retirement 5.00%
	Segment 3 6.82%	Segment 3 5.00%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation	Normal retirement age 62 and 5 years of participation
Post-Retirement			
Mortality	2010 Applicable Mortality Table from Rev Rul 2006-67	2010 Applicable Mortality Table from Rev Rul 2006-67	94GAR
Assumed Benefit Form For Funding		Lump Sum	
Calculated Effective Interest Rate		6.16%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form Is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CALIFORNIA FERTILITY PARTNERS	D Employer Identification Number (EIN) 95-4401683	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		909646
b Actuarial value.....	2b		909646
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	1	33345
b For terminated vested participants.....	3b	0	0
c For active participants:			
(1) Non-vested benefits.....	3c(1)		3586
(2) Vested benefits.....	3c(2)		875751
(3) Total active.....	3c(3)	12	879337
d Total.....	3d	13	912682
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.16%	
6 Target normal cost.....	6	266736	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>8/10/2011</u> Date <u>1105453</u> Most recent enrollment number <u>650-692-2043</u> Telephone number (including area code)
Wylmina Hettinga, EA Type or print name of actuary		
Primark Benefits Firm name		
875 Mahler Road, Suite 105 Burlingame CA 94010 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2010 v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	40974
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	10147
9	Amount remaining (Item 7 minus Item 8)	0	30827
10	Interest on Item 9 using prior year's actual return of <u>13.36%</u>	0	4118
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.98%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (Item 9 + Item 10 + Item 11d - Item 12)	0	34945

Part III Funding percentages			
14	Funding target attainment percentage	14	95.83%
15	Adjusted funding target attainment percentage	15	95.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.44%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/10/2010	25000	0			
07/26/2010	25000	0			
10/18/2010	25000	0			
10/28/2010	50000	0			
12/29/2010	51000	0			
03/09/2011	900	0			
04/23/2011	50000	0			
05/10/2011	70500	0			
Totals ►			18(b)	297400	18(c)
					0

19 Discounted employer contributions – see Instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 277379
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.03%	2nd segment: 6.73%	3rd segment: 6.82% ☐ N/A, full yield curve used
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	62	
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27		
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years	28	0	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0	
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions)	31	266736	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1474	1338	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	268074	
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0
36 Additional cash requirement (item 34 minus item 35)	36	268074	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	277379	
38 Interest-adjusted excess contributions for current year (see instructions)	38	9305	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0	
40 Unpaid minimum required contribution for all years	40	0	

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning		01/01/2010	and ending 12/31/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan
B This return/report is for:	☐ first return/report	☐ final return/report	
	☐ an amended return/report	☐ short plan year return/report (less than 12 months)	
C Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN		1b Three-digit plan number (PN) ►	002
		1c Effective date of plan	01/01/2007
2a Plan sponsor's name and address (employer, if for single-employer plan) CALIFORNIA FERTILITY PARTNERS 11818 WILSHIRE BLVD., SUITE 300 LOS ANGELES CA 90025-6648		2b Employer Identification Number (EIN) 95-4401683	
		2c Plan sponsor's telephone number	310-828-4008
		2d Business code (see instructions)	621111
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") CALIFORNIA FERTILITY PARTNERS 11818 WILSHIRE BLVD., SUITE 300 LOS ANGELES CA 90025-6648		3b Administrator's EIN	95-4401683
		3c Administrator's telephone number	310-828-4008
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. Sponsor's name		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year.....		5a	13
b Total number of participants at the end of the plan year.....		5b	13
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes	☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes	☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	914120	1347217
b Total plan liabilities	7b	0	34893
c Net plan assets (subtract line 7b from line 7a).....	7c	914120	1312324
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	297400	
(2) Participants	8a(2)	0	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	147044	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		444444
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	34893	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	0	
g Other expenses	8g	11347	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		46240
i Net income (loss) (subtract line 8h from line 8c).....	8i		398204
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1C 3D

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

10 During the plan year:		Yes	No	Amount
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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	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	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(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 granting the waiver. Month _____ 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	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

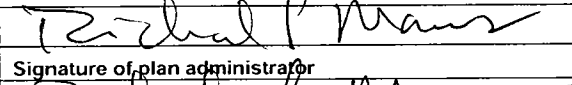
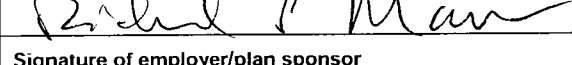
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date 9-19-11	DR. RICHARD MARRS
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date 9-19-11	DR. RICHARD MARRS
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor

CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Plan Effective Date	January 1, 2007
Plan Year	From January 1 to December 31
Eligibility	<p>All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>1 year of service Minimum age 21</p> <p>All except physicians and supervisors shall be excluded</p>
Normal Retirement Age	<p>All participants are eligible to retire with their full retirement benefit on the later of the following:</p> <p>Attainment of age 62 Completion of 5 years of participation</p>
Normal Retirement Benefit	<p>Based on their group classification, participants receive a cash balance contribution equal to a percentage of compensation as follows:</p> <p>Group 1: \$100,000 contribution; Group 2: \$70,500 contribution; Group 3: \$15,500 contribution; Group 4: \$4,000 contribution</p> <p>Maximum benefit is \$16,250 per month Maximum percent of salary is 100%</p>
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.
Termination Benefit	Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0

CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN

Summary of Plan Provisions
Plan Year: 1/1/2010 to 12/31/2010

Credited Years
3

Vested Percent
100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN

Shortfall Amortization
Valuation Date: January 1, 2010

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2009	7-year	6	\$9,569	\$50,384
01/01/2010	7-year	7	<u>\$(8,231)</u>	<u>\$(48,910)</u>
Total			\$1,338	\$1,474

CALIFORNIA FERTILITY PARTNERS CASH BALANCE PLAN
Employer ID# 95-4401683: Plan No. 002

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: January 1, 2010

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Ctb</u>
06-10-2010	25,000.00	2010	11.16%/6.16%	24,178.66
07-26-2010	25,000.00	2010	11.16%/6.16%	23,857.61
10-18-2010	25,000.00	2010	11.16%/6.16%	23,446.05
10-28-2010	50,000.00	2010	11.16%/6.16%	47,028.19
12-29-2010	51,000.00	2010	11.16%/6.16%	47,614.05
03-09-2011	900.00	2010	11.16%/6.16%	822.98
04-23-2011	50,000.00	2010	11.16%/6.16%	45,619.88
05-10-2011	14,368.00	2010	11.16%/6.16%	13,054.49
	56,132.00	2010	6.16%	51,756.86
Totals:	297,400.00			277,378.77

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	277,378.77

Attachment to 2010 Schedule SB, line 22, Description of Weighted Average Retirement Age –
EIN:95-4401683, PN: 002

**CALIFORNIA FERTILITY PARTNERS
CASH BALANCE PLAN**

Valuation Date: January 1, 2010

- ☒ Each participant is assumed to retire at his/her normal retirement age
- ☒ The normal retirement age differs for individual participants, assumed retirement ages are entered below

Retirement Age: 62 Rate of Retirement: 100% Weight Applied: 100%

The Weighted Average Retirement Age is determined by averaging the retirement ages of all active participants