

<b>Form 5500-SF</b> Department of the Treasury Internal Revenue Service	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>03/22/2011</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan TONY GOLDEN MD PA 401(K) PROFIT SHARING PLAN	<b>1b</b> Three-digit plan number (PN) ▶ <u>011</u>
	<b>1c</b> Effective date of plan <u>01/01/2001</u>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TONY GOLDEN MD PA  1995 E 17TH ST, STE 1A IDAHO FALLS, ID 83404-6493	<b>2b</b> Employer Identification Number (EIN) <u>82-0381147</u> <b>2c</b> Sponsor's telephone number <u>208-529-8866</u> <b>2d</b> Business code (see instructions) <u>621111</u>
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") TONY GOLDEN MD PA 1995 E 17TH ST, STE 1A IDAHO FALLS, ID 83404-6493	<b>3b</b> Administrator's EIN <u>82-0381147</u> <b>3c</b> Administrator's telephone number <u>208-529-8866</u>
<b>4</b> 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. <b>a</b> Sponsor's name	<b>4b</b> EIN <b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b> <u>5</u>
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	<b>5c</b>
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

<b>Part III</b>	<b>Financial Information</b>		
<b>7</b> Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	<b>7a</b>	<u>658439</u>	<u>0</u>
<b>b</b> Total plan liabilities .....	<b>7b</b>	<u>0</u>	
<b>c</b> Net plan assets (subtract line 7b from line 7a).....	<b>7c</b>	<u>658439</u>	<u>0</u>
<b>8</b> Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	<b>8a(1)</b>		
(2) Participants .....	<b>8a(2)</b>		
(3) Others (including rollovers).....	<b>8a(3)</b>		
<b>b</b> Other income (loss).....	<b>8b</b>	<u>36543</u>	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		<u>36543</u>
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b>	<u>694982</u>	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>	<u>0</u>	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses.....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....	<b>8h</b>		<u>694982</u>
<b>i</b> Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>		<u>-658439</u>
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**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:

2A 2E 2F 2G 2J 2K 2R 2T 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
<b>10</b> During the plan year:			
<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? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		50000
<b>d</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>e</b> 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	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b> 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>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> 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) .....	<b>12d</b>	

**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 in any plan year? ..... ☒ Yes ☐ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** 0

**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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2012	TONY GOLDEN MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/12/2012	TONY GOLDEN MD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Reasonable Cause Statement

Attachment to

2011 IRS Form 5500-SF for

Tony B Golden MD PA 401(k) Profit Sharing Plan

PN011 of Tony B Golden MD PA [EIN: 82-0381147]

This Reasonable Cause Statement is provided to avoid the imposition of administrative penalties as described in the left hand column of page 5 of 2009 General Instructions to Form 5500-SF, specifically penalties described in ERISA § 502(c)(2) and (29 CFR § 2560.502c-2), and Internal Revenue Code § 6652(e).

The Plan has been terminated. The last assets were re-titled or paid out of accounts held in the Plan trustee's name as such on March 22, 2011. Consequently, for this calendar year plan, the final, short plan year began January 1, 2011 and ended March 22, 2011. This made the final Form 5500-SF annual report due 7 months after March 22, 2011, or on October 22, 2011.

The primary advisor to the sponsoring employer and plan administrator, one and the same Tony B Golden MD Plan Administrator, is a general practice CPA who only handles a few plans. The CPA was unaware that the 7 month period would begin running on the day that the last assets of the Plan trust were distributed out. The CPA did not have the chore calendared nor begin the task by assembling information until the 7 month period had already run out.

It ought to be noted in this regard that the Plan's original effective date is January 1, 2001. There were 10 previous IRS Forms 5500 (Annual Reports) due for the years 2001-2010. All 10 were timely filed (some per extension time). Thus, there is no history of the sponsoring employer/plan administrator being dilatory in the task of these annual reports; rather, the lateness of the final, 2011 Form 5500-SF is due entirely to the 7 month period beginning to run on March 22, 2011 making the annual report originally due on October 22, 2011 rather than its recurrent annual date of July 31 (2012).

The 2011 IRS Form 5500-SF to which this Reasonable Cause Statement is attached is indicated to be "DFVC program", and submission is being made simultaneously to EBSA with the \$1,500 DFVC penalty payment, with request that the \$1,500 DFVC payment be returned upon a finding that reasonable cause exists.

Therefore, it is requested that the penalties be abated, and that the \$1,500 DFVC payment be refunded.

## Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

**File With IRS Only**

### Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <b>Tony Golden MD PA</b> Number, street, and room or suite no. (If a P.O. box, see instructions) <b>1995 E 17th St, Ste 1A</b> City or town, state, and ZIP code <b>Idaho Falls ID 83404-6493</b>	<b>B</b> Filer's identifying number (see instructions) Employer identification number (EIN) <b>82-0381147</b> Social security number (SSN) (see instructions)
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C Plan name	Plan number	Plan year ending —		
		MM	DD	YYYY
1 Tony Golden MD PA 401k Profit Sharing Plan	0 0 1	12	31	2011
2				
3				

### Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 I request an extension of time until 1 0 / 1 5 / 2 0 1 2 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 2 I request an extension of time until 1 0 / 1 5 / 2 0 1 2 to file Form 8955-SSA (see instructions).  
**Note.** A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 1 and/or line 2 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

### Extension of Time To File Form 5330 (see instructions)

- 3 I request an extension of time until        /        /        to file Form 5330.  
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . .	►	a	
b Enter the payment amount attached . . . . .	►	b	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . .	►	c	

- 4 **State in detail why you need the extension:**

.....

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.....

.....

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

*John Ammons*

Date ►

2012-7-28

**Form 5500-SF**Department of the Treasury  
Internal Revenue ServiceDepartment 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110

1210-0089

**2011****This Form is Open to Public Inspection****Annual Report Identification Information**

For the calendar plan year 2011 or fiscal plan year beginning	01/01/2011	and ending	03/22/2011
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer)	<input type="checkbox"/> a one-participant plan
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b> Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input checked="" type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

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

<b>1a</b> Name of plan  Tony Golden MD PA 401(k) Profit Sharing Plan	<b>1b</b> Three-digit plan number (PN) ▶  011
	<b>1c</b> Effective date of plan 01/01/2001
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)  Tony Golden MD PA  1995 E 17th St, Ste 1A  US Idaho Falls ID 83404-6493	<b>2b</b> Employer Identification Number (EIN) 82-0381147
	<b>2c</b> Plan sponsor's telephone number (208) 529-8866
	<b>2d</b> Business code (see instructions) 621111
<b>3a</b> Plan administrator's name and address (If same as plan sponsor, enter "Same") Same	<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 has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's Name	<b>4b</b> EIN
	<b>4c</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year . . . . .	<b>5a</b> 5
<b>b</b> Total number of participants at the end of the plan year . . . . .	<b>5b</b>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) . . . . .	<b>5c</b>
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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.) . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

**Financial Information**

7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
<b>a</b>	Total plan assets . . . . .	7a 658,439	0
<b>b</b>	Total plan liabilities . . . . .	7b 0	
<b>c</b>	Net plan assets (subtract line 7b from line 7a) . . . . .	7c 658,439	0
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
<b>a</b>	Contributions received or receivable from:		
	(1) Employers . . . . .	8a(1)	
	(2) Participants . . . . .	8a(2)	
	(3) Others (including rollovers) . . . . .	8a(3)	
<b>b</b>	Other income (loss) . . . . .	8b 36,543	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) . . . . .	8c	36,543
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits) . . . . .	8d 694,982	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) . . . . .	8e 0	
<b>f</b>	Administrative service providers (salaries, fees, commissions) . . . . .	8f	
<b>g</b>	Other expenses . . . . .	8g	
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) . . . . .	8h	694,982
<b>i</b>	Net income (loss) (subtract line 8h from line 8c) . . . . .	8i	(658,439)
<b>j</b>	Transfers to (from) the plan (see instructions) . . . . .	8j	

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

Form 5500-SF (2011)  
v.012611

**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:

2A 2E 2F 2G 2J 2K 2R 2T 3D

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

	Yes	No	Amount
<b>10</b> During the plan year:			
<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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<input checked="" type="checkbox"/>	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	<input checked="" type="checkbox"/>	
<b>c</b> Was the plan covered by a fidelity bond?	10c	<input checked="" type="checkbox"/>	50,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	<input checked="" type="checkbox"/>	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	<input checked="" type="checkbox"/>	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	10f	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	<input checked="" type="checkbox"/>	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	<input checked="" type="checkbox"/>	
<b>i</b> 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	10i		

**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

**Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ☒ Yes ☐ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year . . . . . **13a** \_\_\_\_\_ 0

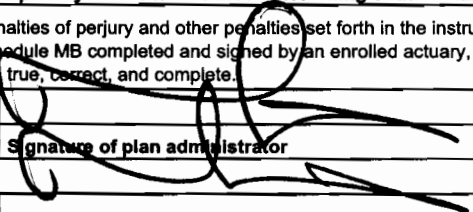
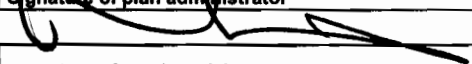
**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

**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.

	10-4-12	Tony M Golden MD, President
	Date	Enter name of individual signing as plan administrator
	10-4-12	Tony M Golden MD, President
	Date	Enter name of individual signing as employer or plan sponsor