

2011 Plan Year-End Summary

Company Name _____

Please complete this form in its entirety. The year-end documents provide us data needed to perform the annual plan testing and reporting. Please be aware that we may request additional information based on your responses in order to be able to complete your annual testing and reporting. Please note that items underlined in [blue](#) are links that will take you to additional information. If you have any further questions, please contact your Client Contact team at 888-472-4455, ext. 3350 or via email at recordkeeping@guidantfinancial.com.

Please Note: To prevent any loss of data, first save a copy of this form to your computer before proceeding with its completion.

Corporate Information

1. What business is your company engaged in? _____
- a. If you have a company website, please provide the address: _____

Yes No

2. If yes to either of the following, please upload a **copy of the corporate stock ledger**.

- a. Was this your first year with Guidant?
- b. Have there been any changes in the owners or ownership percentages during the last plan year?
3. Do you have any leased employees?
If yes, please include their information on the Census Form and continue with question 3 below; otherwise move on to question 4:

- a. Did you have any employees who performed services under an agreement with a leasing organization?
- b. Did these employees perform services for at least one year on a substantially full-time basis? (Either 1500 hours in a 12-month period or 75% of customary hours for the position)
- c. Did you have primary direction or control over how the employee's services were performed?
- d. Was the employee considered an employee of the leasing organization?
4. Are any employees of the business related (spouse, children, parents, etc.) to the owners of the corporation? *If yes, please complete below:*

NAME OF FAMILY MEMBER	NAME OF OWNER	RELATIONSHIP TO THE OWNER

Company Name _____

Yes No

5. Do you or your spouse or any other owner have interest in an additional entity?
If Yes, please complete the below questions. If no, skip to question 6.
- a. Additional Business Entity Name: _____
 - b. Type of Business Entity: Sole Prop. Partnership S-Corp C-Corp LLC, LP
 - c. Start date of this business? _____
 - d. Is this entity still in business? Yes No, date operation closed/terminated: _____
 - e. What type of business activity does this entity conduct? _____
 - f. Who are the owners and what are their respective ownership interest percentages in the business?
Self: % Spouse: % Other: %
 - g. If you entered a number in the "Other" space in question #5f, what are their respective relationships to you (i.e. friend, mother, brother-in law, unrelated 3rd party, etc.)? In addition, what are their respective individual ownership interest percentages in the existing business entity? (Example: mother / 10%, cousin / 25%)

OWNER NAME	OWNERSHIP %	NAME OF FAMILY MEMBER*	RELATIONSHIP TO OWNER

- h. Number of employees of the business (other than yourself and spouse)*: _____
Are these employees included on the Census Form? Yes No
- i. Are you offering participation in the Guidant C-Corporation's 401(k) plan to employees of this business?
 Yes No
- j. Does the business have a separate retirement plan? Yes No
- k. If so, what type of plan? 401(k) SEP Profit Sharing Plan Other (specify): _____
- l. Is there any relationship between this entity and your Guidant 401(k) Corporation? Yes No
1. If yes, please explain: _____

IMPORTANT INFORMATION RE: POTENTIAL PROHIBITED TRANSACTIONS:

I understand that **ANY** interaction or co-commerce between any entity/business I have an ownership interest in and the new corporation that was set up as part of my Guidant C-Corporation may constitute a prohibited transaction. If I decide that the entity or entities in which I have a personal ownership interest will interact with the C-Corporation ***in any way***, I agree to consult with my outside legal counsel prior to such interaction. I agree to inform my outside legal counsel of all facts relating to any such possible interaction. *By checking this box, I indicate that all individuals involved in the C-Corporation structure understand and agree to the above statements.*

Company Name _____

6. Corporate Officer Information

CORPORATE TITLE	CORPORATE OFFICER NAME	EMPLOYEE OF THE COMPANY (Y/N)
President		
Secretary		
Treasurer		

7. As part of completing your annual testing and reports, we must know the Fair Market Value of your business to determine the value of the Qualified Employer Securities (QES) the 401(k) plan owns.

- a. What is the Fair Market Value of your business? _____
- b. Are there any liabilities or debt included in this number? YES NO
- c. If yes, what is the amount of those liabilities? _____
- d. Who prepared the corporate valuation? _____

Please submit supporting documents showing how the value of the corporation was determined.

For more information about business valuations, please click [HERE](#).

Plan Information

Yes No

8. Have you purchased a [fidelity bond](#) to protect the 401(k) plan?

a.If yes, what is the bond amount? \$ _____

9. Does the corporation maintain any other retirement plan **other than the Guidant-established plan**?

PLAN ASSET INFORMATION. *If there was no rollover or purchase of corporate stock with rollover funds during the **2011** plan year, indicate "N/A" where applicable.*

10. At any time during the plan year, were there funds in a 401(k) Plan bank account?
If yes, please upload copies of the [401\(k\) bank statements](#) that show activity.

11. State the EXACT amount (no rounding) of all qualified 401(k) and/or IRA funds rolled into the 401(k) plan bank account during this plan year:

Employee Name	Amount Rolled	Date Rolled
_____	\$ _____	_____
_____	\$ _____	_____

12. State the EXACT amount (no rounding) of funds transferred from the 401(k) Plan bank account to the corporation bank account, constituting the purchase of corporate stock (QES transaction) during this plan year:

Employee Name	Dollar Amount	Date Transferred	# Shares Issued
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Company Name _____

Yes No

13. At any time during the plan year, were there funds in an Investment Management Account?
If yes, please upload copies of the [Investment Management statements](#).
14. Were any qualified funds removed from the plan during the plan year (besides the stock purchase)?
15. Were there any outstanding participant loans from the 401(k) Plan during the plan year?
16. Were any of the following contributions made, or intended to be made, to the plan for the 2011 plan year:
- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Employee Deferrals | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employer Matching Contribution: | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Employer Profit Sharing Contribution: | <input type="checkbox"/> | <input type="checkbox"/> |
17. If you answered yes to any portion of question 16, would you like Guidant to calculate the matching or profit sharing contribution?

If yes, what is the rate or formula you intend to match or provide profit sharing: _____
18. Were any 2011 Plan Year contributions deposited after the last day of the plan year?

If yes:
Indicate the total amount of deferrals: \$ _____ date deposited _____
Indicate the total amount of employer contributions: \$ _____ date deposited _____
19. Were there losses to the plan resulting from fraud or dishonesty during the plan year?
20. Were any participant deferrals or loan payments transmitted to the plan more than 7 business days following the payroll date which the deferrals or loan payments were withheld?
21. Did the plan engage in [nonexempt \(prohibited\) transactions](#) with any owner and/or officer of the company (party in interest)?

NOTE: If you answered **yes** to question 19, 20 or 21, and you have not applied to the Department of Labor under the Voluntary Fiduciary Correction Program, **you should consult your tax/legal advisor.**

Please check this box when this entire form is complete.

By checking the box above, this will represent your signature whereby you understand that you must provide complete and accurate responses to all of the questions within this Plan Year-End Summary. Testing and reporting will be completed based on my responses. You hold Guidant harmless for inaccurate recordkeeping services arising from your failure to provide the Plan Year-End Summary and any required supporting documents and information on a timely basis. Further you agree to hold Guidant harmless for any excise taxes or penalties resulting from your late filing of the Form 5500. You declare that you have completed this summary to the best of your knowledge and ability.