

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR  
A NONQUALIFIED DEFERRED COMPENSATION PLAN

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
US Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

ES&A/PUBLIC DISCL  
2012 JUN 15 PM 2:38

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Nutrition Services, Inc.

Employer's Address PO Box 369, 503 S State St., Waseca, MN 56093

Employer Identification Number: 41-1847359

Nutrition Services, Inc. 457(b) Eligible Deferred Compensation Plan  
which covers 2 Participant(s)

Total Number of Plans: 1

12 JUN 12 PM 8:00

Plan Administrator of the Plans Specified Above

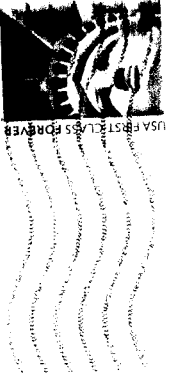
By: [Signature]

REC'D BY [Signature]

Date: JUNE 4, 2012.

NUTRITION SERVICES, INC.  
P.O. Box 36  
Waseca, MN 56090

MAILED MN 560  
05 JUL 2002 PM 1 17



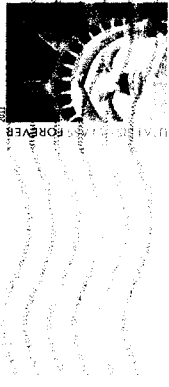
TOP HAT PLAN EXEMPTION  
EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
Room N-5644  
US DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE NW  
WASHINGTON, D.C. 20540

22/21

NUTRITION SERVICES, INC.  
P.O. Box 369  
Waseca, MN 56093

QUANTITY TO BE USED

DATE OF ORDER



TOP HAT PLAN EXEMPTION  
EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
Room N-5611  
US DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE NW  
WASHINGTON, DC 20540