

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR A NONQUALIFIED DEFERRED COMPENSATION PLAN

2014 JUN 29 PM 12:00

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To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
US Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

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: Youth Vision Solutions

Employer's Address: 2959 Martin Luther King Jr. Blvd.  
Detroit, MI 48208

Employer Identification Number: 27-1855040

Name of Plan: "Youth Vision Solutions 457(b) Eligible Deferred Compensation Plan", which covers one Participant.

Total Number of 457(b) Plans: 1

Youth Vision Solutions  
Plan Administrator of the Plans Specified Above

By: [Signature]

Date: 4/17, 2014.

TOP  
PLAN  
200  
ADMIN

03 KOABLMP  
20210

TOP HAT PLAN EXEMPTION  
EMPLOYEE BENEFITS SECURITY ADMIN  
RM N-153  
US DEPT OF LABOR  
200 CONSTITUTION AVE NW  
WASHINGTON DC 20210

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