

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

2014 JUN -3 PM 5
2014 JUN 11 11:11 AM

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Handicap Village dba Opportunity Village
2. The mailing address of the Employer is: 1200 North 9th Street W
Clear Lake, IA 50428-0622
3. The Employer Identification Number is: 42-0953968
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 1 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Handicap Village dba Opportunity Village
An Iowa Corporation

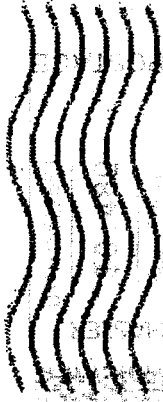
By: Shepherd Brown, CFO
Authorized Person

Dated: 6/27/2014



P.O. Box 622 • Clear Lake, IA 50428

Address Service Requested



WATERLOO, IA 507

27 JUN 2014 PM 1 T

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
US Dept of Labor
200 Constitution Ave NW
Washington, DC 20210

