

SPECIMEN

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

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

2520172650028

2017 SEPT 5 9:00

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[s] 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] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: Vermont Slauson Economic Development Corporation.

Employer's Address: 1130 West Slauson Avenue.

Los Angeles, CA 90044.

Employer Identification Number: 95-3464837 .

[457 (b)], which covers 1 Participant.

Total Number of Plans: 1.

[Name of Employer or Other Plan Administrator]
Plan Administrator of the Plans Specified Above

By: Angela Campbell .

Date: March 1 ., 2017 .

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