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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

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: Meals on Wheels Programs & Services of Rockland, Inc.

Employer's Address: 121 West Nyack Rd.  
Nanuet, NY 10954

Employer Identification Number: 13-2831197

457(b) Eligible Tax-Exempt Deferred Compensation Plan which covers 1 Participant.

Total Number of Plans: 1

Plan Administrator of the Plans Specified Above

By: *[Signature]*

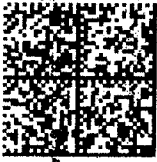
Date: Dec. 28, 2007

**MEALS ON WHEELS**  
Programs & Services of Rockland, Inc.

121 West Nyack Road • Nanuet, NY 10954

WESTCHESTER NY 105

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