

2520100070560

EBSA/PUBLIC DISCLOSURE

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: Transitional Services, Inc.

Employer's Address: 389 Elmwood Avenue

Buffalo, New York 14222

Employer Identification Number: 16-0990574

457 Plan, which covers 10/1/09 / 12/31/10 Participants.

Total Number of Plans: 1

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

By: [Signature]

Date: December 18th, 20 09



Transitional Services, Inc.
389 Elmwood Avenue • Buffalo New York 14222-2209



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