

2520162970043

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

ESBA/PUBLIC DISCLOSURE
2016 SEP 30 AM 10:09

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: **Ability Beyond, Inc.**

Employer's Address: **4 Berkshire Blvd., Bethel, CT 06801-1001**

Employer Identification Number: **06-0776594**

457 (b) Eligible Deferred Compensation Plan, which covers **1** Participants.

Total Number of Plans: **1**

Employer's Name: **Ability Beyond, Inc.**, Plan Administrator of the Plans Specified Above

By: Jeffrey Tomascak Jeff Orner

Date: 9/20, 2016.

