

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

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2018 JUN 19 PM 2:10

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: Jewish Family & Community Services, Inc.

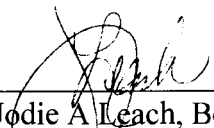
Employer's Address: 8540 Baycenter, Road, Jacksonville, FL 32256

Employer Identification Number: 59-0637868

457 (b) Eligible Deferred Compensation Plan, which covers Colleen Rodriguez Participant.

Total Number of Plans: 1.

Employer's Name: Jewish Family & Community Services, Inc. Plan Administrator of the Plans Specified Above

By:  \_\_\_\_\_  
Jodie A. Leach, Board President

Date: June 13, 2018.



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