

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

2520191430092

2019 FEB 28 10 10 AM

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: Federation of Youth Services

Employer's Address: 548 E Grand Blvd. Detroit, MI 48207

Employer Identification Number: 38-1860313

457 (b) Eligible Deferred Compensation Plan, which covers 2 Participants.

Total Number of Plans: 2

Employer's Name: Federation of Youth Services Plan Administrator of the Plans Specified Above

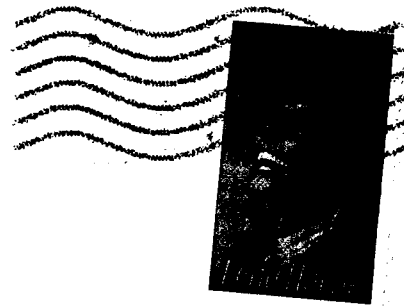
By: Alesse Alexander

Date: March 12, 2019

548 E. Grand Blvd.  
Detroit MI 48207  
Federation of Youth Services

METROPLEX MI 480

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