

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

2520192690003

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 of Rowan, Inc.

Employer's Address: PO Box 1914, Salisbury, NC 28145

Employer Identification Number: 56-1152417

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

Total Number of Plans: 1

Employer's Name: Meals on Wheels of Rowan, Inc. Plan Administrator of
the Plans Specified Above

By: Cindy B. Fink

Date: 6-26, 2019



P.O. Box 1914
Salisbury, North Carolina 28145

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