

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

2520193380011

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: Community Integrated Services

Employer's Address: 441 N. 5th St, #102, Philadelphia, PA 19123

Employer Identification Number: 23-2648381.

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

Total Number of Plans: 1

Employer's Name: Community Integrated Services

Plan Administrator of the Plans Specified Above

Name: Wendy Cowan

By: Wendy Cowan

Date: 11/14, 2019.

MUTUAL OF AMERICA
LIFE INSURANCE COMPANY

MUTUAL OF AMERICA

BLUE BELL EXECUTIVE CAMPUS
470 NORRISTOWN ROAD SUITE 301
BLUE BELL PA 19422-2322
610 834 1754
610 834 9224 FAX

CHARLES P. BAGLEY CLU ChFC FLMI CRPS
SENIOR FIELD VICE PRESIDENT
FIELD CONSULTING SERVICES

November 18, 2019

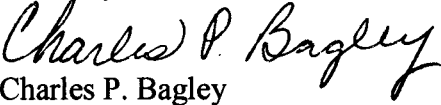
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RE: Adoption of 457(b) Non-profit Plan for Community Integrated Services

To Whom It May Concern:

Please find enclosed notification of the adoption by Community Integrated Services of a 457(b) program for a non-profit 501(c) (3) organization.

Sincerely,


Charles P. Bagley

Enclosure

MUTUAL OF AMERICA

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