

2520200500011

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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ADDED TO ARI 10:29  
EBSA/PUBLIC DISCLOSURE

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: Disability Network West Michigan

Employer's Address: 27 E. Clay Avenue Muskegon, MI 49442

Employer Identification Number: 38-3476797

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

Total Number of Plans: 1

Employer's Name: Disability Network West Michigan Plan Administrator of the Plans Specified Above

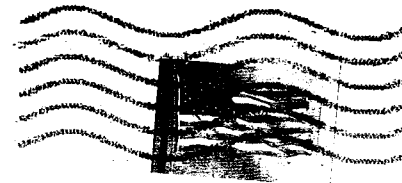
By: 

Date: February 5, 2020

Disability Network West Mi  
27 E. Clay Ave  
Muskegon, MI 49442

GRAND RAPIDS MI 494

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