

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 5/21/2024 7:55 AM EST

Confirmation Number: 13233

Amended Confirmation Number:

Employer Information

Name: Clinical & Support Options, Inc.  
Address: 8 Atwood Drive, Suite 301  
City: Northampton  
State: MD  
Zip Code: 01060

Plan Administrator Information

Name: Mr. Frank Mertes, CFO  
Address: 8 Atwood Drive, Suite 301  
City: Northampton  
State: MA  
Zip Code: 01060  
Phone: 4137731314  
Email: frank.mertes@csoinc.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Clinical & Support Options, Inc. 457(f) Plan	Number of Employees: 4
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Additional Information:

The Plan is effective as of July 1, 2023 and was adopted on May 20, 2024.



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 13233. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.