

2520032900739

REGISTRATION STATEMENT

for Supplemental Deferred Compensation Plan

Name of Employer: Council of the United States  
Society of St. Vincent de Paul

Address: 4140 Lindell Blvd.

St. Louis, MO Zip 63108

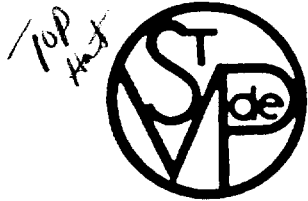
Federal EIN: 13-5562362

Number of Plans: 2

Number of Covered Employees: 4

Council of the United States, Society of St. Vincent de Paul maintains a plan or plans primarily for the purposes of providing deferred compensation for a select group of management or highly compensated employees.

✓ Signed by: John J. Coppinger  
Title: National President  
Date: Jan. 14, 1992



COUNCIL OF THE UNITED STATES

# SOCIETY OF ST. VINCENT De PAUL

January 22, 1992

EPISCOPAL ADVISOR  
Most Rev. Lawrence J. McNamara  
Diocese of Grand Island  
311 W. 17th Street  
P.O. Box 1531  
Grand Island, NE 68802

PRESIDENT  
John F. Coppinger  
77-54 76 Street  
Glendale, NY 11385

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528 Olive Court  
St. Louis, MO 63119

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Cleveland, OH 44111

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1928 Burd  
St. Louis, MO 63112

TREASURER  
John J. Buckley  
9469 Harold Drive  
St. Louis, MO 63134

Office of Pension & Welfare Benefits Programs  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20216

Re: Registration Statement  
Council of the United States  
Society of St. Vincent de Paul

Director:

The Council of the United States, Society of St. Vincent de Paul has been directed by Mutual of America to forward the enclosed Registration Statement for Supplemental Deferred Compensation Plan to your office.

Should you have any questions please do not hesitate to contact me. Thank you for your service.

Sincerely,

Rita W. Porter  
Executive Secretary/Director

EXECUTIVE SECRETARY  
DIRECTOR  
Rita W. Porter  
4140 Lindell Blvd.  
St. Louis, MO 63108  
Phone: (314) 533-2223  
FAX: (314) 533-3747

RWP/lk

CC: John F. Coppinger, President  
John J. Buckley, Treasurer  
Lawrence M. Grellner, Mutual of America

JAN 28 1992

### INSTRUCTIONS FOR REGISTRATION STATEMENT

The enclosed Registration Statement was compiled by Mutual of America to assist you in complying with the reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

1. Enter the correct name of your organization.
2. Enter the business address of your organization.
3. Enter Employer identification number for filing of returns with the Internal Revenue Service and for payment of Social Security taxes.
4. Enter the applicable number of plans.
5. Enter the exact number of management or highly compensated employees who are covered by the plan.

This form should be signed and mailed to the Department of Labor by the applicable filing date (within 120 days after effective date of the plan).

**SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN**

**REGISTRATION STATEMENT**

Department of Labor regulations specify an alternative method of complying with the reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA). This alternative method applies to plans which are maintained for a select group of management or highly compensated employees.

The regulation provides that such plans may file a Registration Statement with the Secretary of Labor in lieu of any other reports. The Registration Statement must be filed within 120 days after the plan becomes effective. The Registration Statement should be sent by first class mail to:

**OFFICE OF PENSION AND WELFARE BENEFITS PROGRAMS  
U. S. DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE, N.W.  
WASHINGTON, D. C. 20216**

In order to assist you in complying with this requirement, we have prepared the enclosed Registration Statement and instructions, based upon our understanding of the Department of Labor guidelines.