



Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption Employee Benefits Security Administration Room N 1513 U.S. Department of Labor 200 Constitution Ave. N.W. Washington, DC 20210

2013 MAR 25 PM 3:15

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

- 1. The name of the Employer is: Mental Health Cooperative, Inc.
2. The mailing address of the Employer is: 275 Cumberland Bend Nashville, TN 37228
3. The Employer Identification Number is: 58-2018687
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan: One Plan(s) covering 1 Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Mental Health Cooperative, Inc. A Tennessee Corporation

By: [Signature] Authorized Person

Dated: 3/13/13

