



A N G E L L

October 4, 2013

The ANGELL Pension Group, Inc.
 Actuaries, Consultants, and Administrators for Employee Benefit Plans
 88 Boyd Avenue
 East Providence, Rhode Island 02914
 Tel: 401.438.9250 Fax: 401.438.7278
info@angellpensiongroup.com
www.angellpensiongroup.com

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N-1513
 U.S. Department of Labor
 200 Constitution Avenue NW
 Washington, DC 20210

Re: *Compass 457(b) Plan*

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Compass 457(b) Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.

PLK/tad
 TOPHAT DOL LTR.DOC/10541-04

Enclosure

cc: John J. Lydon, *Community Providers of Adolescent Services, Inc.*

2013 OCT -9 PM 1: 1
 888/444/8888

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Community Providers of Adolescent Services, Inc.
d/b/a Compass
290-294 Bowdoin Street
Dorchester, MA 02122*

EIN of Employer: *04-2539383*

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

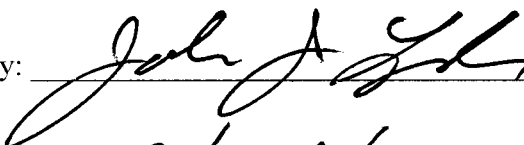
Name of Plan: *Compass 457(b) Plan*

Date of Adoption of Plan: *August 27, 2013*

Number of Plans: *One (1)*

Number of Members of Plan: *One (1)*

**COMMUNITY PROVIDERS OF ADOLESCENT
SERVICES, INC. D/B/A COMPASS**

By:  _____

Dated: *9/24/13* _____



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



7012 2210 0002 0737 5558

809577

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Too Hat Plan: Expiration
Employee Security Administration
Room 4-1513
U.S. Department of Labor
200 Constitution Avenue, NE
Washington, DC 20210