

October 30, 2015

2520153420058



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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Scott Street Senior Housing Complex, Inc. DBA Rhoda Goldman Plaza  
Address: 2180 Post Street  
San Francisco, California 94115  
EIN#: 94-3228136

Name of Plan: Rhoda Goldman Plaza 457(b) Plan  
Number of Plan(s):   1    
Number of Employees in Plan(s):   1  

Very truly yours,

Plan Administrator

V2.00-2.00

Rhoda Goldman Plaza  
2180 Post Street  
San Francisco, CA 94115



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CA 94103  
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Top Hat Plan Exemption  
Employee Benefits Security Administration, Rm N-473  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

