

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

2520160350045

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: Sound Community Services, Inc.

Employer's Address: 21 Montauk Avenue, New London, CT 06320

Employer Identification Number: 06-0938920

457 (b) Eligible Deferred Compensation Plan, which covers 1 Participant.

Total Number of Plans: 1

Employer's Name: Sound Community Services, Inc.. Plan Administrator of the Plan Specified Above

By:  _____

Date: 12/17, 2015.

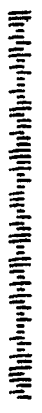
HARTFORD CT 061

18 DEC 20



02 1P
0001726204 DEC 17 2015
MAILED FROM ZIP CODE 06320

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210



20210