

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *South Shore Mental Health Center, Inc.
500 Victory Road
Quincy, MA 02171*

EIN of Employer:

04-2677185

2520163470021

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:

South Shore Mental Health 457(f) Nonqualified Plan

Date of Adoption of Plan:

11/08, 2016

Number of Plans:

One (1)

Number of Members of Plan:

One (1)

SOUTH SHORE MENTAL HEALTH CENTER, INC.

By: *Harry Shubman*

Dated: *11/14/2016*



A N G E L L

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November 22, 2016

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: *South Shore Mental Health 457(f) Nonqualified Plan*

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the South Shore Mental Health 457(f) Nonqualified 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/jjb
TOPHAT DOL LTR.DOC/12117-06

Enclosure

cc: Joseph J. Borin, CPC, QPA, QKA, *The Angell Pension Group, Inc.*
Minghui Johnson, *South Shore Mental Health Center, Inc.*

