

THE HOUSE OF THE GOOD SHEPHERD
100 Lomond Court
Utica, New York 13502

December 28, 2016

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, N.W., N-1515
Washington, D.C. 20210

CERTIFIED MAIL-
RETURN RECEIPT REQUESTED

2520170330056

Re: The House of the Good Shepherd
Delinquent Filer Voluntary Compliance Program

Dear Sir or Madam:

To comply with the alternative reporting and disclosure method provided under Labor Regulations §2520.104-23, this is to inform you of the adoption of a plan maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The name and address of the Employer maintaining the plan is:

THE HOUSE OF THE GOOD SHEPHERD
100 Lomond Court
Utica, New York 13502

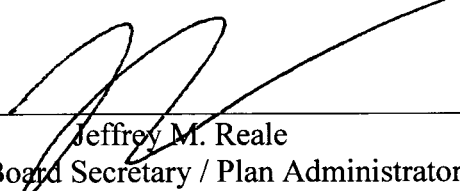
The Employer's EIN is: 15-0532199

The number of employees participating in the plan is: 1

<u>Plan Name</u>	<u>Number of Initial Participants</u>
The House of the Good Shepherd 457(b) Deferred Compensation Plan	1

Very truly yours,

THE HOUSE OF THE GOOD SHEPHERD

By: 
Jeffrey M. Reale
Title: Board Secretary / Plan Administrator



HANCOCK
ESTABROOK, LLP

COUNSELORS AT LAW

M. ARROYO, ESQ.
marroyo@hancocklaw.com

09

January 6, 2017

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1515
Washington, D.C. 20210

Via Certified Mail
w/Return Receipt Requested

Re: The House of the Good Shepherd, a 501(c)(3)
Statement Pursuant to 29 CFR Section 2520.104-23

Dear Sir or Madam:

Enclosed please find a Statement with regard to Labor Regulations Section 2520.104-23 concerning the adoption of a small "Top Hat Plan" maintained primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees on behalf of The House of the Good Shepherd.

Also enclosed is a copy of this letter and self-addressed stamped envelope. Please indicate receipt of this letter and the Statement by date-stamping the enclosed extra copy of this letter and returning it to my attention in the envelope provided.

Thank you for your time and attention to this matter.

Yours truly,

HANCOCK ESTABROOK, LLP

Manuel A. Arroyo

MAAo/kam
Enclosures

cc: Delinquent Filer Voluntary Compliance Program
Robert J. Thorpe, Esq.
Client

{H2920810.1}



HANCOCK
ESTABROOK, LLP

COUNSELORS AT LAW

MANUEL A. ARROYO, ESQ.
TELEPHONE: (315) 565-4508
FACSIMILE: (315) 565-4608
marroyo@hancocklaw.com

January 6, 2017

DFVCP
Delinquent Filer Voluntary Compliance Program
Post Office Box 71361
Philadelphia, Pennsylvania 19176-1361

Via Certified Mail
Return Receipt Requested

Re: The House of the Good Shepherd, a 501(c)(3)
Delinquent Filer Voluntary Compliance Program

Dear Sir or Madam:

Enclosed please find the following with regard to the subject matter:

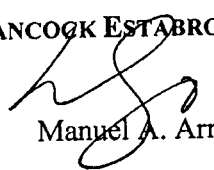
1. One (1) Form 5500 for the year 2014 being filed on behalf of The House of the Good Shepherd;
2. Check made payable to the Department of Labor in the sum of \$750.00;
3. Copy of Statement Pursuant to 29 CFR 2520.104-23, which is being filed simultaneously herewith with the Department of Labor in Washington, D.C.;
4. Extra copy of this transmittal letter; and
5. Self-addressed stamped envelope.

The enclosed are being submitted on behalf of The House of the Good Shepherd in connection with its adoption of a plan maintained primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees in 2014. Please date-stamp the enclosed copy of this letter and return it to my attention in the enclosed envelope I have provided.

If you require anything further, please advise the undersigned. Thank you for your time and attention to this matter.

Yours truly,

HANCOCK ESTABROOK, LLP


Manuel A. Arroyo

MAAo/kam
Enclosures

cc: ✓ U.S. Department of Labor, Washington, D.C.
Robert J. Thorpe, Esq.
Client

{H2928331.1}

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning	and ending
A This return/report is for: <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
<input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____	
B This return/report is: <input checked="" type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;	
<input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>	
D Check box if filing under: <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program;	
<input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information—enter all requested information											
1a Name of plan The House of the Good Shepherd 457(b) Deferred Compensation Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/2014</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 1505322199</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 315-235-7600</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/2014		2b Employer Identification Number (EIN) 1505322199		2c Plan Sponsor's telephone number 315-235-7600		2d Business code (see instructions) 813000	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 07/01/2014											
2b Employer Identification Number (EIN) 1505322199											
2c Plan Sponsor's telephone number 315-235-7600											
2d Business code (see instructions) 813000											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) The House of the Good Shepherd 100 Lomond Court Utica, New York 13502											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	Jeffrey M. Reale, Esq. Enter name of individual signing as plan administrator
SIGN HERE		Date	Jeffrey M. Reale, Esq. Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Manuel A. Arroyo, Esq. Hancock Estabrook, LLP 100 Madison Street 1500 AXA Tower I Syracuse, New York 13202			Preparer's telephone number (optional) 315-565-4508

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor The House of the Good Shepherd	3b Administrator's EIN 3c Administrator's telephone number 315-235-7600
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1
a(2) Total number of active participants at the end of the plan year	6a(2) 1
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 1
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 1
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III

Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SAMPLE



THE HOUSE

of the Good Shepherd
1550 CHAMPLIN AVENUE • UTICA, NEW YORK 13502-4884

NBT BANK, NA
50-361/213

1093079

1093079

12/15/2016

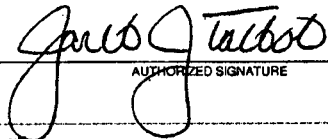
PAY TO THE
ORDER OF U.S. DEPARTMENT OF LABOR

\$ **750.00

Seven Hundred Fifty exactly
U.S. DEPARTMENT OF LABOR

DOLLARS

MEMO


AUTHORIZED SIGNATURE

⑈ 1093079 ⑆ ⑆ 021303618 ⑆ 7000488431 ⑆

Security features included. Details on back.

THE HOUSE OF THE GOOD SHEPHERD - CHAMPLIN AVE. UTICA, NEW YORK 13502

1093079

Check Date: 12/15/2016 Payee/ID: U.S. DEPARTMENT OF LABOR / 2196

Check Amount: \$750.00

Date Memo
12/14/2016 FILING FEE TOP HAT NOTICE

Invoice #
FEE TOP HAT NOTICE

Amount
750.00

Payer: House of the Good Shepherd

THE HOUSE OF THE GOOD SHEPHERD
100 Lomond Court
Utica, New York 13502

December 28, 2016

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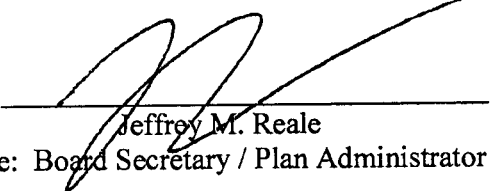
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The House of the Good Shepherd 457(b) Deferred Compensation Plan	1

Very truly yours,

THE HOUSE OF THE GOOD SHEPHERD

By: 
Jeffrey M. Reale
Title: Board Secretary / Plan Administrator

CERTIFIED MAIL



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NEOPOST
01/06/2017
US POSTAGE \$006.67



ZIP 13202
041110258170

MAAG



HANCOCK
ESTABROOK, LLP
COUNSELORS AT LAW
1500 AXA Tower I, 100 Madison St.
Syracuse, NY 13202

Handwritten signature: R. J. ESTABROOK

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
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