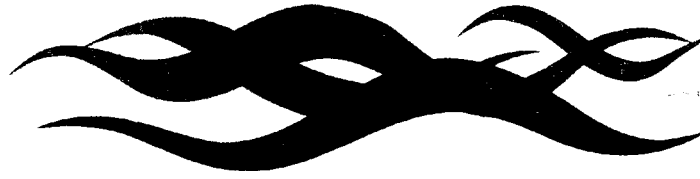


ASSOCIATION FOR  
MENTAL HEALTH AND WELLNESS



*To Advocate. To Educate. To Empower. Together.*

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

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

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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: Association of Mental Health and Wellness

Employer's Address: 939 Johnson Ave, Ronkonkoma, NY 11779

Employer Identification Number: 11-3012392

457 (b) Eligible Deferred Compensation Plan, which covers 4 Participants.

Total Number of Plans: 1

Employer's Name: Association for Mental Health and Wellness Plan Administrator of the Plans Specified Above

By Michael Stoltz, LCSW, Chief Executive Officer

Date: December 21, 2016

ASSOCIATION FOR  
MENTAL HEALTH AND WELLNESS



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PO Box 373

Ronkonkoma, NY 11779



MID-ISLAND NY 117

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