

**REPORTING AND DISCLOSURE STATEMENT**

**TOP HAT PLAN (DOL REG. §2520.104-23)**

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Name and Address of Employer: *New England Chapter of Community  
Associations Institute, Inc.  
888 Worcester Street, Suite 20  
Wellesley, MA 02482*

**2520192040015**

EIN of Employer: *04-2652955*

*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: *CAI-NE 457(b) Plan*

Date of Adoption of Plan: June 4, 2019

Number of Plans: *One (1)*

Number of Participants in Plan: *One (1)*

**NEW ENGLAND CHAPTER OF COMMUNITY  
ASSOCIATIONS INSTITUTE, INC.**

By: 

Nicholas Boit, President  
New England Chapter of Community Associations Institute

Dated: June 4, 2019



2019 JUN 10

ANGELL

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](mailto:info@angellpensiongroup.com)  
[www.angellpensiongroup.com](http://www.angellpensiongroup.com)

June 4, 2019

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

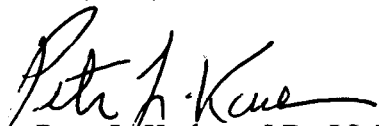
Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

**Re: CAI-NE 457(b) Plan**

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for CAI-NE 457(b) 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/15020-01

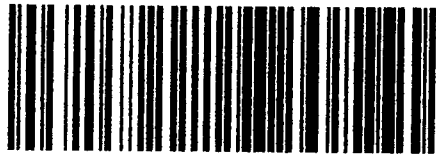
Enclosure

cc: Claudette Carini, *New England Chapter of Community Associations Institute, Inc.*  
Julie L. Winston, CFP, CDFA, *Morgan Stanley*  
Joseph J. Borin, CPC, QPA, QKA, *The Angell Pension Group, Inc.*

Attn: Human Resources

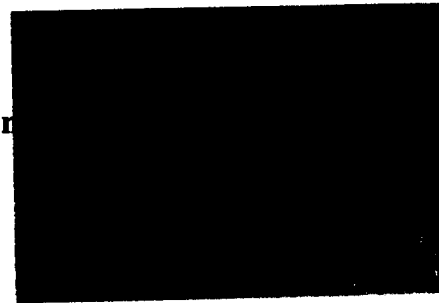
*JAMES CAMPBELL COMPANY LLC*

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL**

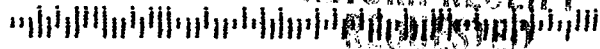


7018 1130 0001 9930 9620

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



James Campbell Building 1001 Kamokila Boulevard, Suite 200 Kapolei, Hawai'i 96707



RETURN RECEIPT