

008 - U.S. DEPT OF LAB  
2022 SEP 26 PM 12:30

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR  
A NONQUALIFIED DEFERRED COMPENSATION PLAN

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

2520222900004

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 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 are paid as needed solely from the general assets of that Employer.

Employer's Name: Mental Health Association of Santa Barbara County DBA Mental Wellness Center

Employer's Address: 617 Garden St Santa Barbara, CA 93101

Employer Identification Number: 95-1962659

Mental Health Association of Santa Barbara County DBA Mental Wellness Center. 457(b) plan which covers 2 Classes of Employee.

Total Number of Plans: 2

Mental Health Association of Santa Barbara County DBA Mental Wellness Center. Plan Administrator of the Plan Specified Above

By: 

Annmarie Cameron  
Executive Director

Date: August 31, 2022

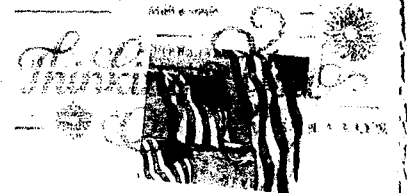


Your Community Center for Mental Wellness Since 1947

617 Garden Street  
Santa Barbara, CA 93101

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