

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 8/9/2022 10:20 AM EST

Confirmation Number: 10259

Amended Confirmation Number:

Employer Information

Name: Westmoreland County Blind Association  
Address: 911 South Main Street  
City: Greensburg  
State: PA  
Zip Code: 15601

Plan Administrator Information

Name: Laurie Blend  
Address: 911 South Main Street  
City: Greensburg  
State: PA  
Zip Code: 15601  
Phone: 7248371250  
Email: lblend@wcbainpa.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	457(b) Plan	Number of Employees: 1
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Additional Information:

On behalf of WCBA, I extend my apology for the late filing. We had a misunderstanding with our financial planner about who was to handle this notification/filing. Thank you, Laurie Blend



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10259. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.