

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

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Confirmation Number: 10616

Amended Confirmation Number:

**Employer Information**

Name: Missouri Coalition for Community Behavioral Healthcare dba Missouri Behavioral Health Council  
Address: 221 Metro Drive  
City: Jefferson City  
State: MO  
Zip Code: 65109

**Plan Administrator Information**

Name: Missouri Coalition for Community Behavioral Healthcare dba Missouri Behavioral Health Council  
Address: 221 Metro Drive  
City: Jefferson City  
State: MO  
Zip Code: 65109  
Phone: 5736344626  
Email: chughes@mobhc.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:	Missouri Behavioral Health Council 457(b) Eligible Deferred Compensation Plan	Number of Employees: 1
ID:2	Plan Name:	Missouri Coalition for Community Behavioral Healthcare 457(f) Deferred Compensation Plan	Number of Employees: 1

**Additional Information:**



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 10616. 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.