

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: 10780

Amended Confirmation Number:

Employer Information

Name: SOUTHERN CALIFORNIA HOSPICE FOUNDATION
Address: 3200 PARK CENTER DRIVE , SUITE 1250
City: COSTA MESA
State: CA
Zip Code: 92626

Plan Administrator Information

Name: MICHAEL A. URANGA
Address: 500 NORTH STATE COLLEGE BL., SUITE 1250
City: ORANGE
State: CA
Zip Code: 92868
Phone: 7147410273
Email: Barbara@maucorp.com

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:	SOUTHERN CALIFORNIA HOSPICE FOUNDATION 457(b) PLAN	Number of Employees: 1
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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 10780. 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.