

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

Date Completed: 1/4/2023 12:29 PM EST

Confirmation Number: 10926

Amended Confirmation Number:

Employer Information

Name: Headwaters Health Foundation of Western Montana
Address: 283 W Front Street No 301
City: Missoula
State: MT
Zip Code: 59802

Plan Administrator Information

Name: Board Committee Appointed by full Board of Directors
Address: 283 W Front Street No 301
City: Missoula
State: MT
Zip Code: 59802
Phone: 4069266526
Email: contact@headwatersmt.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:	Headwaters Health Foundation of Western Montana 457(f) Executive Deferred Compensation Plan	Number of Employees: 2
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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 10926. 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.