

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

Date Completed: 3/21/2023 1:13 PM EST

Confirmation Number: 11334

Amended Confirmation Number:

Employer Information

Name: Community Dental Care
Address: 1670 Beam Ave Suite 204
City: Maplewood
State: MN
Zip Code: 55109

Plan Administrator Information

Name: Kori Carlson
Address: 1560 Beam Ave Suite D
City: Maplewood
State: MN
Zip Code: 55109
Phone: 6519557182
Email: koricalson@cdentc.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: Community Dental Care 457(b) Plan	Number of Employees: 11
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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 11334. 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.