

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

Date Completed: 11/15/2023 9:24 PM EST

Confirmation Number: 12298

Amended Confirmation Number:

Employer Information

Name: Laboure College of Healthcare
Address: 303 Adams Street
City: Milton
State: MA
Zip Code: 02186

Plan Administrator Information

Name: William McDonald
Address: 303 Adams Street
City: Milton
State: MA
Zip Code: 02186
Phone: 6173223516
Email: William_McDonald@laboure.edu

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:	Laboure College 457(B) Plan	Number of Employees: 5
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Additional Information:

Plan Name Laboure College 457(B) Plan



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 12298. 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.