

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

Date Completed: 2/13/2024 7:37 PM EST

Confirmation Number: 12753

Amended Confirmation Number:

Employer Information

Name: MACT HEATH BOARD INCORPORATED  
Address: POB 939/22, 52 S MAIN STREET  
City: ANGELS CAMP  
State: CA  
Zip Code: 95222

Plan Administrator Information

Name: Mariela Contreras  
Address: POB 939/22, 52 S MAIN STREET  
City: Angels Camp  
State: CA  
Zip Code: 95222  
Phone: 2097546262  
Email: mariela.contreras@macthealth.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:	MACT Health Board Inc 457b NQDC Plan	Number of Employees: 19
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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 12753. 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.