

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

Date Completed: 5/15/2024 1:37 PM EST

Confirmation Number: 13203

Amended Confirmation Number:

Employer Information

Name: United Cerebral Palsy Associations of New York State, Inc.  
Address: 40 Rector Street, 15th Floor  
City: New York  
State: NY  
Zip Code: 10006

Plan Administrator Information

Name: United Cerebral Palsy Associations of New York State, Inc.  
Address: 40 Rector Street, 15th Floor  
City: New York  
State: NY  
Zip Code: 10006  
Phone: 2129475770  
Email: tmandelkow@CPOFNYS.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:	Constructive Partnerships Unlimited 457(f) Plan	Number of Employees: 1
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Additional Information:

The DBA for the employer and plan administrator is Constructive Partnerships Unlimited. The Plan was approved by the Board of Directors on May 15, 2024.



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 13203. 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.