

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

Date Completed: 10/25/2024 11:40 AM EST

Confirmation Number: 13890

Amended Confirmation Number:

Employer Information

Name: Cornerstone Family Healthcare
Address: 2570 Route 9W, Suite 10
City: Cornwall
State: NY
Zip Code: 12518

Plan Administrator Information

Name: Cornerstone Family Healthcare
Address: 2570 Route 9W, Suite 10
City: Cornwall
State: NY
Zip Code: 12518
Phone: 8452203100
Email: djolly@cornerstonefh.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:	Cornerstone Family Healthcare Section 457(f) Deferred Compensation Plan	Number of Employees: 9
------	------------	---	------------------------

Additional Information:

The Cornerstone Family Healthcare Section 457(f) Deferred Compensation Plan was adopted October 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 13890. 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.