

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

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Confirmation Number: 1407
Amended Confirmation Number: 1403

Employer Information

Name: Trinity Youth Services
Address: PO Box 1210
City: Claremont State: CA Zip Code: 91711

Plan Administrator Information

Name: Cher Ofstedahl
Address: PO Box 1210
City: Claremont State: CA Zip Code: 91711
Phone: 9098255588
Email: cofstedahl@trinityys.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:	Trinity Youth Services 457(f) Plan	Number of Employees: 1
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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 1407. 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.