

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: 14835

Amended Confirmation Number:

Employer Information

Name: Whittier Street Health Center
Address: 1290 T
City: Ro
State: MA
Zip Code: 02120

Plan Administrator Information

Name: Jim Lee, WSHC
Address: 1290 Tremont Street
City: Roxbury
State: MA
Zip Code: 02120
Phone: 6179893230
Email: jim.lee@wshc.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: | Whittier Street Health Center Committee, Inc. 457(f) Plan | Number of Employees: 7 |
|------|------------|---|------------------------|

Additional Information:

The Whittier Street Health Center Committee, Inc. 457(f) Plan is a nonqualified deferred compensation (NQDC) plan. It is unfunded for a select group of management or highly compensated employees to be exempt from most Employee Retirement Income Security Act (ERISA) requirements.



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 14835. 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.