

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

Date Completed: 6/30/2016 4:13 PM EST

Confirmation Number: 1516

Amended Confirmation Number:

Employer Information

Name: Montgomery County Coalition for the Homeless  
Address: 600-B East Gude Drive  
City: Rockville State: MD Zip Code: 20850

Plan Administrator Information

Name: Montgomery County Coalition for the Homeless  
Address: 600-B East Gude Drive  
City: Rockville State: MD Zip Code: 20850  
Phone: 3019176645  
Email: sshah@mcch.net

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: MCCH 457(b) 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 1516. 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.