

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

Date Completed: 8/2/2016 10:10 AM EST

Confirmation Number: 1606

Amended Confirmation Number:

Employer Information

Name: Consumer Credit Counseling Service of Buffalo, Inc.  
Address: 40 Gardenville Pkwy Suite 300  
City: West Seneca State: NY Zip Code: 14224

Plan Administrator Information

Name: Consumer Credit Counseling Service of Buffalo Inc.  
Address: 40 Gardenville Pkwy Suite 300  
City: West Seneca State: NY Zip Code: 14224  
Phone: 7167122060  
Email: cccs@cccsbuffalo.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: Number of  
Employees: 4

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 1606. 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.