

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: 2248

Amended Confirmation Number:

Employer Information

Name: Legacy Community Health Services 457(b) Plan
Address: 1415 California Street
City: Houston State: TX Zip Code: 77006

Plan Administrator Information

Name: Legacy Community Health Services, Inc.
Address: 1415 California Street
City: Houston State: TX Zip Code: 77006
Phone: 8325485278
Email: mhabib@legacycommunityhealth.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:	Legacy Community Health Services 457(b) Plan	Number of Employees: 116
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Additional Information:

Effective date March 1, 2017 Total eligible employees 116 New Plan; total participating unknown at this time



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 2248. 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.