

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

Date Completed: 4/27/2017 11:29 AM EST

Confirmation Number: 2514

Amended Confirmation Number:

Employer Information

Name: Broward Partnership for the Homeless, Inc.  
Address: 920 NW 7th Avenue  
City: Fort Lauderdale State: FL Zip Code: 33311

Plan Administrator Information

Name: Broward Partnership for the Homeless, Inc.  
Address: 920 NW 7th Avenue  
City: Fort Lauderdale State: FL Zip Code: 33311  
Phone: 9547793990  
Email: ellpremo@hotmail.com

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: | Broward Partnership for the Homeless, Inc.<br>457(f) Retention Plan | Number of<br>Employees: 1 |
|------|------------|---|---------------------------|

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 2514. 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.