

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: 5282

Amended Confirmation Number:

Employer Information

Name: CITY HARVEST, INC  
Address: 6 E 32ND STREET, 5TH FLOOR  
City: NEW YORK  
State: NY  
Zip Code: 10016

Plan Administrator Information

Name: RENEE RICHARDSON  
Address: 6 E 32ND STREET, 5TH FLOOR  
City: NEW YORK  
State: NY  
Zip Code: 10016  
Phone: 6464120667  
Email: RRICARDSON@CITYHARVEST.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: CITY HARVEST, INC 457(B) PLAN	Number of Employees: 25
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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 5282. 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.