

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

Date Completed: 10/9/2019 10:19 AM EST

Confirmation Number: 5618

Amended Confirmation Number:

Employer Information

Name: South Boston Community Health Center, Inc.
Address: 409 West Broadway
City: Boston
State: MA
Zip Code: 02127

Plan Administrator Information

Name: South Boston Community Health Center, Inc.
Address: 409 West Broadway
City: Boston
State: MA
Zip Code: 02127
Phone: 6174645848
Email: Akogunb@sbchc.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: | South Boston Community Health Center, Inc. Deferred Compensation Plan | Number of Employees: 2 |
| ID:2 | Plan Name: | South Boston Community Health Center, Inc. 457(f) Plan | Number of Employees: 2 |

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 5618. 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.