

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

Date Completed: 10/11/2019 2:15 PM EST

Confirmation Number: 5631

Amended Confirmation Number:

Employer Information

Name: State Legislative Leaders Foundation, Inc.
Address: 481 Main Street
City: Centreville
State: MA
Zip Code: 02632

Plan Administrator Information

Name: State Legislative Leaders Foundation, Inc.
Address: 481 Main Street
City: Centreville
State: MA
Zip Code: 02632
Phone: 5087713821
Email: malexander@slf.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:	State Legislative Leaders Foundation, Inc. 457(f) Deferred Compensation Plan	Number of Employees: 1
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Additional Information:

The Plan was adopted on October 10, 2019.



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 5631. 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.