

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: 6575

Amended Confirmation Number:

Employer Information

Name: Baptist Health Foundation of San Antonio
Address: 750 E. Mulberry Avenue, Suite 325
City: San Antonio
State: TX
Zip Code: 78212

Plan Administrator Information

Name: Elizabeth Etemadi / Baptist Health Foundation of San Antonio
Address: 750 E. Mulberry Avenue, Suite 325
City: San Antonio
State: TX
Zip Code: 78212
Phone: 2107359009
Email: letemadi@bhfsa.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:	Baptist Health Foundation of San Antonio 457	Number of
		Plan	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 6575. 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.