

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

Date Completed: 1/6/2021 4:15 PM EST

Confirmation Number: 7444

Amended Confirmation Number:

Employer Information

Name: Rock Valley Physical Therapy Center, A Professional Corporation  
Address: 850 43rd Ave  
City: Moline  
State: IL  
Zip Code: 61265

Plan Administrator Information

Name: Michael Horsfield/President  
Address: 850 43rd Ave  
City: Moline  
State: IL  
Zip Code: 61265  
Phone: 3097432070  
Email: mike.horsfield@rockvalleypt.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:	Rock Valley Physical Therapy Center, A Professional Corporation Deferred Compensation Plan	Number of Employees: 15
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Additional Information:

This statement is being filed on behalf of Rock Valley Physical Therapy Center, A Professional Corporation to inform the Secretary of the Department of Labor that Rock Valley Physical Therapy Center, A Professional Corporation has adopted the following unfunded plan(s) of deferred compensation primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees: Rock Valley Physical Therapy Center, A Professional Corporation Deferred Compensation Plan: 15 Employees.



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 7444. 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.