

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: 7491

Amended Confirmation Number:

Employer Information

Name: Camp Smile-A-Mile
Address: 1600 2nd Avenue South
City: Birmingham
State: AL
Zip Code: 35233

Plan Administrator Information

Name: Camp Smile-A-Mile
Address: 1600 2nd Avenue South
City: Birmingham
State: AL
Zip Code: 35233
Phone: 2053238427
Email: bruce@smileamile.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:	Camp Smile-A-Mile Supplemental Executive Section 457(f) Retirement Plan For Bruce Hooper	Number of Employees: 1
ID:2	Plan Name:	Camp Smile-A-Mile Section 457(b) Deferred Compensation Plan	Number of 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 7491. 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.