

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: 8147

Amended Confirmation Number:

Employer Information

Name: Contra Costa Youth Service Bureau
Address: 186 Broadway, 2nd Floor
City: Richmond
State: CA
Zip Code: 94804

Plan Administrator Information

Name: Contra Costa Youth Service Bureau
Address: 186 Broadway, 2nd Floor
City: Richmond
State: CA
Zip Code: 94804
Phone: 5102154670
Email: kcatanzano@wccysb.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:	West Contra Costa Youth Service Bureau 457(b) Plan	Number of Employees: 3
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Additional Information:

This electronic filing is being made by an attorney: Kenneth W. Ruthenberg, Jr., Employee Benefits Law Group, 620 Coolidge Drive, Suite 100, Folsom, CA 95630. Please contact him at either kwr@seethebenefits.com or 916-357-5660 if you need any additional information. The employer filed a Form 5500 and a check for \$750 for the plan under the Delinquent Filer Voluntary Compliance Program.



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 8147. 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.