

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: 8370

Amended Confirmation Number:

Employer Information

Name: Anchorage Community Mental Health Services, Inc.
Address: 4045 Lake Otis, Suite 210
City: Anchorage
State: AK
Zip Code: 99508

Plan Administrator Information

Name: Anchorage Community Mental Health Services, Inc.
Address: 4045 Lake Otis, Suite 210
City: Anchorage
State: AK
Zip Code: 99508
Phone:
Email: kwr@seethebenefits.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:	Alaska Behavioral Health Eligible Deferred Compensation Plan	Number of Employees: 11
ID:2	Plan Name:	Alaska Behavioral Health Ineligible Deferred Compensation Plan	Number of Employees: 1

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.



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 8370. 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.