

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

Date Completed: 8/4/2021 10:24 AM EST

Confirmation Number: 8472
Amended Confirmation Number: 8471

Employer Information

Name: Regional Health Care Clinic, Inc dba Katy Trail Community Health
Address: 821 Westwood Dr.
City: Sedalia
State: MO
Zip Code: 65301

Plan Administrator Information

Name: Stephen R Bevans
Address: 821 Westwood Dr.
City: Sedalia
State: MO
Zip Code: 65301
Phone: 6608517757
Email: sbevans@katyhealth.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:	Regional Health Care Clinic, Inc dba Katy Trail Community Health 457(b) Plan	Number of Employees: 15
ID:2	Plan Name:	Regional Health Care Clinic, Inc dba Katy Trail Community Health 457(f) Plan	Number of Employees: 15

Additional Information:

Amending to align legal name of plans



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 8472. 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.