

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: 9638

Amended Confirmation Number:

Employer Information

Name: UNITED CEREBRAL PALSY OF GREATER SACRAMENTO, INC.
Address: 4350 Auburn Blvd.
City: Sacramento
State: CA
Zip Code: 95841

Plan Administrator Information

Name: Kyle Smith
Address: 4350 Auburn Blvd.
City: Sacramento
State: CA
Zip Code: 95841
Phone: 9162838329
Email: ksmith@ucpsacto.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:	Number of Employees: 2
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Additional Information:

457F Plan



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 9638. 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.