

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

Date Completed: 6/2/2022 12:00 PM EST

Confirmation Number: 9979

Amended Confirmation Number:

Employer Information

Name: Castle Family Health Centers, Inc.  
Address: 3605 Hospital Road  
City: Atwater  
State: CA  
Zip Code: 95301

Plan Administrator Information

Name: Castle Family Health Centers, Inc. CEO Edward H. Lujano  
Address: 3605 Hospital Road  
City: Atwater  
State: CA  
Zip Code: 95301  
Phone: 2093812000  
Email: LujanoE@cfhinc.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: Castle Family Health Centers, Inc. 457(b) PPlanNumber of  
Employees: 240

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 9979. 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.