

November 18, 2021



Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2520220070030

Re: Alternative Reporting and Disclosure Statement for a Nonqualified Deferred Compensation Plan

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Siouxland Community Health Center

Employer's Address: 1021 Nebraska Street
Sioux City, IA 51105

Employer Identification Number: 42-1374894

457 (b) Eligible Deferred Compensation Plan, which covers 50 Participants.

Total Number of Plans: 1

Employer's Name: Siouxland Community Health Center, Plan Administrator of the Plan specified above.

By: Jan Anderson

Date: November 18, 2021



1021 Nebraska St.
Sioux City, IA 51105

NEED FOR
SERVICE
REQUIRED

10/20/2020 10:54
10/20/2020 10:54
10/20/2020 10:54

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

JADMSMP 20210

