

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

Date Completed: 4/14/2023 10:19 AM EST

Confirmation Number: 11427

Amended Confirmation Number:

Employer Information

Name: Foundation for Blind Children
Address: 1234 East Northern Avenue
City: Phoenix
State: AZ
Zip Code: 85020

Plan Administrator Information

Name: Foundation for Blind Children
Address: 1234 East Northern Avenue
City: Phoenix
State: AZ
Zip Code: 85020
Phone: 6023311470
Email: JKittelsohn@seeitourway.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:	Deferred Compensation Plan for Jared Kittleson	Number of Employees: 1
ID:2	Plan Name:	Deferred Compensation Plan for Julie Oliver	Number of Employees: 1
ID:3	Plan Name:	Deferred Compensation Plan for Ronald Rosas	Number of Employees: 1
ID:4	Plan Name:	Deferred Compensation Plan for Barbra Smith	Number of Employees: 1

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 11427. 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.