

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: 12215

Amended Confirmation Number:

Employer Information

Name: FOCUS Credit Union
Address: N88 W14930 Main St
City: Menomonee Falls
State: WI
Zip Code: 53051

Plan Administrator Information

Name: Dean Wilson
Address: N88 W14930 Main St
City: Menomonee Falls
State: WI
Zip Code: 53051
Phone: 2624371280
Email: dean@focus-cu.com

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:	FOCUS CU - CEO	Number of Employees: 1
ID:2	Plan Name:	FOCUS CU - COO	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 12215. 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.