

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: 12749

Amended Confirmation Number:

Employer Information

Name: FATHER FLANAGAN'S BOYS' HOME
Address: 14100 CRAWFORD STREET
City: BOYS TOWN
State: NE
Zip Code: 68010

Plan Administrator Information

Name: JONNA WRICE / SENIOR VICE PRESIDENT - HUMAN RELATIONS
Address: 14100 CRAWFORD STREET
City: BOYS TOWN
State: NE
Zip Code: 68010
Phone: 5313551705
Email: jonna.wrice@boystown.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:	FATHER FLANAGAN'S BOYS' HOME	Number of
		SUPPLEMENTAL EXECUTIVE RETIREMENT	Employees: 6
		PLAN	

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 12749. 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.