

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

Date Completed: 6/21/2024 3:45 PM EST

Confirmation Number: 13366

Amended Confirmation Number:

Employer Information

Name: Ellsworth Cooperative Creamery
Address: 232 North Wallace St, P.O. Box 610
City: Ellsworth
State: WI
Zip Code: 54011

Plan Administrator Information

Name: Ellsworth Cooperative Creamery
Address: 232 North Wallace St, P.O. Box 610
City: Ellsworth
State: WI
Zip Code: 54011
Phone: 7152734311
Email: michelle.steen@ellsworthcheese.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:	Ellsworth Cooperative Creamery Executive Deferred Compensation Plan	Number of Employees: 4
ID:2	Plan Name:	Ellsworth Cooperative Creamery Severance Pay Plan	Number of Employees: 20

Additional Information:

The name of the contact for the Plan Sponsor and Plan Administrator is Michelle Steen.



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 13366. 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.