

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

Date Completed: 11/15/2024 9:10 AM EST

Confirmation Number: 14004

Amended Confirmation Number:

Employer Information

Name: Trustees of the College of the Holy Cross  
Address: One College Street  
City: Worcester  
State: MA  
Zip Code: 01610

Plan Administrator Information

Name: Marymichele Delaney, Vice President for Human Resources  
Address: One College Street, ATTN: HR  
City: Worcester  
State: MA  
Zip Code: 01610  
Phone: 5087933320  
Email: mdelaney@holycross.edu

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:	College of the Holy Cross Non-Qualified Deferred Compensation Plan	Number of Employees: 2
------	------------	-----------------------------------------------------------------------	---------------------------

Additional Information:

College of the Holy Cross Non-Qualified Deferred Compensation Plan



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 14004. 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.