

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

Date Completed: 12/20/2024 12:54 PM EST

Confirmation Number: 14188

Amended Confirmation Number:

Employer Information

Name: Community Action Partnership of Lancaster and Saunders Counties
Address: 210 O St
City: Lincoln
State: NE
Zip Code: 68508

Plan Administrator Information

Name: Deanna Briley/Chief Financial Officer
Address: 210 O St
City: Lincoln
State: NE
Zip Code: 68508
Phone: 4028759324
Email: dbriley@communityactionatwork.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: 457(b) Eligible Deferred Compensation Plan Number of
for Community Action Partnership of Lancaster Employees: 1
and Saunders Counties

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 14188. 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.