

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

Date Completed: 1/14/2025 12:15 PM EST

Confirmation Number: 14324

Amended Confirmation Number:

Employer Information

Name: Abilene Teachers Federal Credit Union  
Address: PO Box 5706  
City: Abilene  
State: TX  
Zip Code: 79608

Plan Administrator Information

Name: Burnadette Kimmes / Abilene Teachers Federal Credit Union  
Address: 3849 Antilley Rd  
City: Abilene  
State: TX  
Zip Code: 79606  
Phone: 3256772274  
Email: bkimmes@abileneteachersfcu.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:	Abilene Teachers FCU 457b Plan	Number of Employees: 4
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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 14324. 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.