

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

Date Completed: 2/4/2025 11:03 AM EST

Confirmation Number: 14434

Amended Confirmation Number:

Employer Information

Name: Troon Golf, LLC
Address: 15044 N Scottsdale Road Suite 300
City: Scottsdale
State: AZ
Zip Code: 85254

Plan Administrator Information

Name: Beth Sweeley - Troon Golf
Address: 15044 N Scottsdale Road, Suite 300
City: Scottsdale
State: AZ
Zip Code: 85254
Phone: 4806061000
Email: beth.sweeley@troon.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:	Troon Deferred Compensation Plan	Number of Employees: 134
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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 14434. 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.