

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

Date Completed: 7/1/2025 12:15 PM EST

Confirmation Number: 15073

Amended Confirmation Number:

Employer Information

Name: Pooler Enterprises, Inc.
Address: 783 County Road 42
City: Fishers
State: NY
Zip Code: 14453

Plan Administrator Information

Name: Jeffrey Agnello, Chief Financial Officer
Address: 783 County Road 42
City: Fishers
State: NY
Zip Code: 14453
Phone: 5859245200
Email: JeffA@poolerenterprises.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:	Deferred Compensation Agreement - RGH	Number of Employees: 1
ID:2	Plan Name:	Deferred Compensation Agreement - MJV	Number of Employees: 1
ID:3	Plan Name:	Deferred Compensation Agreement - MDS	Number of Employees: 1
ID:4	Plan Name:	Deferred Compensation Agreement - JDS	Number of Employees: 1

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 15073. 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.