

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

Date Completed: 9/17/2025 3:53 PM EST

Confirmation Number: 15365
Amended Confirmation Number: 14614

Employer Information

Name: Indian River Community Foundation, Inc.
Address: 5070 N. Highway A1A Ste. 200
City: Vero Beach
State: FL
Zip Code: 32963

Plan Administrator Information

Name: Indian River Community Foundation
Address: 5070 N. Highway A1A Ste. 200
City: Vero Beach
State: FL
Zip Code: 32963
Phone: 7724921407
Email: jeff.pickering@ircommunityfoundation.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:	Indian River Community Foundation, Inc. Section 457(f) Deferred Compensation Agreement	Number of Employees: 1
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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 15365. 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.