

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

Date Completed: 10/2/2025 11:45 AM EST

Confirmation Number: 15436

Amended Confirmation Number:

Employer Information

Name: Field Museum of Natural History
Address: 1400 South DuSable Lake Shore Drive
City: Chicago
State: IL
Zip Code: 60605

Plan Administrator Information

Name: Field Museum of Natural History
Address: 1400 South DuSable Lake Shore Drive
City: Chicago
State: IL
Zip Code: 60605
Phone: 3129229410
Email: Kblount@fieldmuseum.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:	FIELD MUSEUM OF NATURAL HISTORY	Number of
		457(B) DEFERRED COMPENSATION PLAN	Employees: 15

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 15436. 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.