

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

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Confirmation Number: 15789

Amended Confirmation Number:

Employer Information

Name: Crocker Art Museum  
Address: 216 O Street  
City: Sacramento  
State: CA  
Zip Code: 95814

Plan Administrator Information

Name: Crocker Art Museum  
Address: 216 O Street  
City: Sacramento  
State: CA  
Zip Code: 95814  
Phone: 9168087000  
Email: dseparovich@crockerartmuseum.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: | Crocker Art Museum Association 457(b)<br>Employee Plan | Number of<br>Employees: 1 |
| ID:2 | Plan Name: | Crocker Art Museum Association 457(f)<br>Employer Plan | Number of<br>Employees: 1 |

Additional Information:

Crocker Art Museum Association 457(b) Employee Plan Crocker Art Museum  
Association 457(f) Employer Plan There will be one participant in each plan.



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 15789. 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.