

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: 16153

Amended Confirmation Number:

Employer Information

Name: Orange County Community Foundation  
Address: 19200 Von Karman Ave., Ste 700  
City: Irvine  
State: CA  
Zip Code: 92612

Plan Administrator Information

Name: Brian Schaeffgen  
Address: 19200 Von Karman Ave., Ste 700  
City: Irvine  
State: CA  
Zip Code: 92612  
Phone: 9494644173  
Email: bschaefgen@oc-cf.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:	The Orange County Community Foundation 457(b) Plan	Number of Employees: 4
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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 16153. 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.