

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

Date Completed: 8/11/2016 7:54 AM EST

Confirmation Number: 1637

Amended Confirmation Number:

Employer Information

Name: Cal Ripken Sr. Foundation, Inc.  
Address: 1427 Clarkview Road, Suite 100  
City: Baltimore State: MD Zip Code: 21209

Plan Administrator Information

Name: Cal Ripken Sr. Foundation, Inc.  
Address: 1427 Clarkview Road, Suite 100  
City: Baltimore State: MD Zip Code: 21209  
Phone: 4108238563  
Email: jmalstrom@ripkenfoundation.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: Cal Ripken Sr. Foundation, Inc. 457(b) Eligible Number of  
Deferred Compensation Plan Employees: 4

Additional Information:

effective date April 1, 2016 total employees eligible 4 total employees participating 4



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 1637. 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.