

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: 16431

Amended Confirmation Number:

Employer Information

Name: Terry Family Foundation
Address: 1721 Atlantic Blvd, Suite 200
City: Jacksonville
State: FL
Zip Code: 32207

Plan Administrator Information

Name: Kathleen Shaw
Address: 1721 Atlantic Blvd, Suite 20
City: Jacksonville
State: FL
Zip Code: 32207
Phone: 9048892376
Email: kshaw@theterryfoundation.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: | Terry Family Foundation 457(b) Plan | Number of Employees: 2 |
|------|------------|-------------------------------------|---------------------------|

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 16431. 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.