

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

Date Completed: 6/14/2019 10:00 AM EST

Confirmation Number: 5186

Amended Confirmation Number:

Employer Information

Name: Western New York Public Broadcasting Association

Address: PO Box 1263

City: Buffalo State: NY Zip Code: 14240

Plan Administrator Information

Name: Nancy Hammond/Western New York Public Broadcasting Association

Address: 140 Lower Terrace

City: Buffalo State: NY Zip Code: 14202

Phone: 7168457013

Email: nhammond@wned.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: Number of Employees: 1

Additional Information:

This agreement was adopted on May 22, 2019 with an effective date of May 1, 2019.



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 5186. 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.