

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

Date Completed: 7/13/2022 8:44 AM EST

Confirmation Number: 10158

Amended Confirmation Number:

Employer Information

Name: PRIVATE LABEL MANUFACTURERS ASSOCIATION, INC.
Address: 630 Third Ave, 4th Flr
City: New York
State: NY
Zip Code: 10017

Plan Administrator Information

Name: Sheila Kiniry
Address: % Private Label Manufacturers Association, 630 Third Ave, 4th Flr
City: New York
State: NY
Zip Code: 10017
Phone: 2129723131
Email: skiniry@plma.net

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:	Private Label Manufacturers Association, Inc. 457(b) Deferred Compensation Plan	Number of Employees: 1
ID:2	Plan Name:	Private Label Manufacturers Association, Inc. 457(f) Deferred Compensation Plan	Number of Employees: 1

Additional Information:

Dear Sir or Madam: Pursuant to and in accordance with Department of Labor Regulation §2520.104-23, this letter is being submitted to report that Private Label Manufacturers Association, Inc. (the Company), with its principal place of business located at 630 Third Ave., 4th Flr, New York, NY, 10017, EIN 13-3010662, has adopted the Private Label Manufacturers Association, Inc. 457(b) Deferred Compensation Plan and the Private Label Manufacturers Association, Inc. 457(f) Deferred Compensation Plan (the Plans). The Plans are each an unfunded plan maintained by the Company primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. One employee currently participates in each Plan. In accordance with Section 104(a)(6) of ERISA and applicable regulations, plan documents will be provided upon request. Thank you.



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 10158. 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.