

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

Date Completed: 9/13/2024 9:28 AM EST

Confirmation Number: 13684

Amended Confirmation Number:

Employer Information

Name: Bronx West, LLC
Address: 600 E 96th St. Suite 510
City: Indianapolis
State: IN
Zip Code: 46240

Plan Administrator Information

Name: Bronx West, LLC
Address: 600 E 96th St. Suite 510
City: Indianapolis
State: IN
Zip Code: 46240
Phone: 3175752953
Email: mbernstein@ksmcpa.com

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:	Bronx West, LLC Long-Term Incentive Plan	Number of Employees: 1
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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 13684. 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.