

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

Date Completed: 12/5/2024 10:43 AM EST

Confirmation Number: 14105

Amended Confirmation Number:

Employer Information

Name: Braille Institute of America, Inc.
Address: 741 N. Vermont Ave
City: Los Angeles
State: CA
Zip Code: 90029

Plan Administrator Information

Name: Braille Institute of America, Inc. c/o CFO
Address: 741 N. Vermont Ave
City: Los Angeles
State: CA
Zip Code: 90029
Phone: 3239063147
Email: djmartin@brailleinstitute.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:	Braille Institute of America, Inc. 457(b) Plan	Number of Employees: 11
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Additional Information:

The company is the administrator of the plan. The finance committee of the board has fiduciary oversight and has delegated day to day administrative functions to an internal retirement plan committee chaired by the CFO. The email above is for the current CFO Debra Martin.



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 14105. 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.