

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: 15852

Amended Confirmation Number:

Employer Information

Name: Bridges, Inc.
Address: 279 E. Arrow Hwy #102
City: San Dimas
State: CA
Zip Code: 91773

Plan Administrator Information

Name: Lynnae Hernandez, Fiscal Director
Address: 279 E. Arrow Hwy #102
City: San Dimas
State: CA
Zip Code: 91773
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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: Bridges, Inc. 457(b) Plan	Number of Employees: 3
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Additional Information:

The plan for which this statement is being filed is the Bridges, Inc. 457(b) Plan ("Plan"). The Employer established the Plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees and intends for this Plan to satisfy the definition of a top-hat plan. As such, the Employer believes the Plan is exempt from certain provision of Title I of ERISA and is filing this registration statement under 29 C.F.R Section 2520.104-23 in order to satisfy the reporting and disclosure rules of Part 1 of Title I of ERISA for a top-hat plan.



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 15852. 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.