

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: 8401

Amended Confirmation Number:

Employer Information

Name: Bridge Over Troubled Waters, Inc.
Address: 47 West Street
City: Boston
State: MA
Zip Code: 02111

Plan Administrator Information

Name: Patricia Williams
Address: 47 West Street
City: Boston
State: MA
Zip Code: 02111
Phone: 6174239575
Email: pwilliams@bridgeotw.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: Bridge Over Troubled Waters, Inc. 457(b) Plan Number of Employees: 1

Additional Information:

Plan is effective as of April 1, 2021 and was adopted on June 24, 2021.



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 8401. 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.