



2520191430094

April 18, 2019

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2019 APR 23 PM 2:57

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: The Howard Gilman Foundation, Inc.
Address: 1 Rockefeller Plaza Suite 1701
New York, NY 10020
EIN#: 13-3097486

Name of Plan: The Howard Gilman Foundation, Inc. 457(b) Plan

Number of Plan(s): 1

Number of Employees in Plan(s): 1

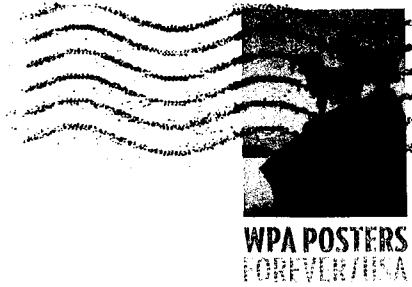
Sincerely,

A handwritten signature in cursive script that reads 'Mary F. Slaughter'.

Mary F. Slaughter
Plan Administrator



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