

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

Date Completed: 2/27/2023 12:07 PM EST

Confirmation Number: 11224

Amended Confirmation Number:

Employer Information

Name: MONTANA SCHOOL BOARDS ASSOCIAT
Address: 863 GREAT NORTHERN BLVD STE 301
City: HELENA
State: MT
Zip Code: 59601

Plan Administrator Information

Name: MIKE LOPACH
Address: 863 GREAT NORTHERN BLVD STE 301
City: HELENA
State: MT
Zip Code: 59601
Phone: 4064422180
Email: lcarparelli@mtsba.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:	LAREN CARPARELLI NON-QUALIFIED DEFERRED COMPENSATION TRUST	Number of Employees: 1
ID:2	Plan Name:	DEBRA SILK NON-QUALIFIED DEFERRED COMPENSATION TRUST	Number of Employees: 1
ID:3	Plan Name:	SHAWN BUBB NON-QUALIFIED DEFERRED COMPENSATION TRUST	Number of Employees: 1
ID:4	Plan Name:	LANCE MELTON NON-QUALIFIED DEFERRED COMPENSATION TRUST	Number of Employees: 1

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 11224. 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.