

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

Date Completed: 4/17/2025 4:08 PM EST

Confirmation Number: 14796

Amended Confirmation Number:

Employer Information

Name: Salisbury School, Inc.
Address: 251 Canaan Road
City: Salisbury
State: CT
Zip Code: 06068

Plan Administrator Information

Name: Executive Committee of the Board of Trustees of the Salisbury School, Inc.
Address: 251 Canaan Road
City: Salisbury
State: CT
Zip Code: 06068
Phone: 8605962249
Email: mdonecker@salisburyschool.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: | Salisbury School 2025 Section 457(f) Plan for Robert D. Wynne | Number of Employees: 1 |
|------|------------|---|------------------------|

Additional 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.



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 14796. 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.