

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

Date Completed: 9/11/2026 2:59 PM EST

Confirmation Number: 16987

Amended Confirmation Number:

Employer Information

Name: Community School of Naples, Inc.
Address: 13275 Livingston Road
City: Naples
State: FL
Zip Code: 34109

Plan Administrator Information

Name: Chad N. Ott/Treasurer
Address: 13275 Livingston Road
City: Naples
State: FL
Zip Code: 34109
Phone: 2392487335
Email: cnott@falcap.com

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: Rabbi Trust Agreement For Community School Number of
of Naples, Inc. Section 457(b) Deferred Employees: 1
Compensation Agreement dtd 09/01/2026
Chad N Ott, Trustee

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 16987. 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.