

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

Date Completed: 9/22/2016 1:50 PM EST

Confirmation Number: 1746

Amended Confirmation Number:

Employer Information

Name: Manhattanville College  
Address: 2900 Purchase Street  
City: Purchase State: NY Zip Code: 10577

Plan Administrator Information

Name: Donald Dean - Director, Human Resources  
Address: 2900 Purchase Street  
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Email: Donald.Dean@mville.edu

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: | Manhattanville College 457(b) | Number of Employees: 1 |
|------|------------|-------------------------------|------------------------|

Additional Information:

Manhattanville College hereby declares that the purpose of the 457 deferred compensation plan of (the "plan") is to provide deferred compensation primarily for a select group of management or highly compensated employees. The number of employees covered under the plan is 1. In addition, the employer does not maintain any other unfunded top-hat plans described in Department of Labor Regulation Section 2520.104-23(b).



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 1746. 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.