

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

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Confirmation Number: 1860

Amended Confirmation Number:

Employer Information

Name: Vermont academy  
Address: PO Box 500  
City: Saxtons River State: VT Zip Code: 05154

Plan Administrator Information

Name: Inessa S. Muse/ Business Manager  
Address: PO Box 500  
City: Saxtons River State: VT Zip Code: 05154  
Phone: 8028696218  
Email: imuse@vermontacademy.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:	Vermont academy 457(b) Deferred Compensation Plan	Number of Employees: 1
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Additional Information:

On October 27, 2016, the Employer adopted the above referenced non-qualified deferred compensation plan, with an effective date of June 1, 2016 for the purpose of providing retirement compensation benefits to a select group of Employer's senior management team. The Employer will provide plan documents to the Secretary of Labor upon request. Thank you.



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 1860. 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.