

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

Date Completed: 4/23/2019 5:59 PM EST

Confirmation Number: 5031

Amended Confirmation Number:

Employer Information

Name: The Forman School, Inc.  
Address: 12 Norfolk Road  
City: Litchfield State: CT Zip Code: 06759

Plan Administrator Information

Name: The Forman School, Inc.  
Address: 12 Norfolk Road  
City: Litchfield State: CT Zip Code: 06759  
Phone: 8605671807  
Email: robert.scodari@formanschool.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:	The Forman School Supplemental Executive Retirement Plan for Justin Solomon	Number of Employees: 1
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Additional Information:

The Forman School, Inc. executed the plan document for the Plan on April 13, 2019, which document sets forth the terms and conditions of the Plan.



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 5031. 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.