

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

Date Completed: 8/26/2015 2:54 PM EST

Confirmation Number: 522

Amended Confirmation Number:

Employer Information

Name: Le Jardin Academy, Inc.
Address: 917 Kalaniana'ole Highway
City: Kailua State: HI Zip Code: 96734

Plan Administrator Information

Name: Le Jardin Academy, Inc.
Address: 917 Kalaniana'ole Highway
City: Kailua State: HI Zip Code: 96734
Phone: 8082610707
Email: clyde.matsuura@lejardinacademy.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:	Head of School's 457(f) Deferred Compensation Plan	Number of Employees: 1
------	------------	--	------------------------

Additional Information:

This is a Section 457(f) plan covering only the Head of School of Le Jardin Academy. Le Jardin Academy, Inc. is not a member of a controlled group.



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 522. 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.