

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

Date Completed: 11/18/2020 12:12 PM EST

Confirmation Number: 7219

Amended Confirmation Number:

Employer Information

Name: Foxcroft School
Address: 22407 Foxhound Lane
City: MIDDLEBURG
State: VA
Zip Code: 20117

Plan Administrator Information

Name: Deborah Anderson
Address: 22407 Foxhound Lane
City: MIDDLEBURG
State: VA
Zip Code: 20117
Phone: 5406874401
Email: Deborah.Anderson@Foxcroft.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: Foxcroft School 457B Plan	Number of Employees: 95
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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 7219. 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.