

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: 8509

Amended Confirmation Number:

Employer Information

Name: James Barry-Robinson Institute  
Address: 443 Kempsville Road  
City: Norfolk  
State: VA  
Zip Code: 23502

Plan Administrator Information

Name: James Barry-Robinson Institute  
Address: 443 Kempsville Road  
City: Norfolk  
State: VA  
Zip Code: 23502  
Phone: 7574556123  
Email: gthomas@barryrobinson.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 Barry Robinson Center 457(b) Deferred Compensation Plan	Number of Employees: 6
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Additional Information:

The employer and plan administrator d/b/a The Barry Robinson Center.



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 8509. 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.