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# VaughnCollege

of aeronautics and technology

February 7, 2008

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
US Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

**RE : Reporting and Disclosure Compliance Statement**

Dear Sir/Madam:

The purpose of this letter is to provide alternative single filing compliance with the reporting and disclosure requirements regarding nonqualified Top Hat Plans under Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974, as amended. In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

1. Employer Name: Vaughn College of Aeronautics and Technology
2. Employer Address: 86-01 23<sup>rd</sup> Avenue, Flushing, New York 11369
3. Employer Identification Number: ~~11-04613185~~ 11-0461385
4. The Vaughn College of Aeronautics and Technology 457(b) Qualified Deferred Compensation Plan was implemented for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. Number of Plans: 1
6. Number of Eligible Employees: 1
7. Vaughn College of Aeronautics and Technology will serve as the Plan Administrator of the Plan specified above.

If you require any documents or additional information the College shall comply promptly.

Respectfully submitted,



Paul Miranda

Assistant Vice President for Human Resources and College Services

86-01 23rd Avenue • Flushing, NY 11369 • Tel: 718.429.6600 • Fax: 718.429.0256 • www.vaughn.edu

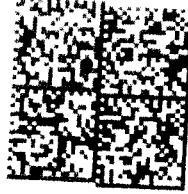
Human Resources

# VaughnCollege

*of aeronautics and technology*

86-01 23rd Avenue • Flushing, NY 11369

ADDRESS SERVICE REQUESTED



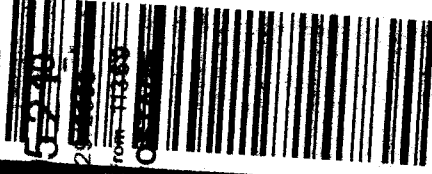
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RETURN RECEIPT REQUESTED

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DO LINE

**CERTIFIED MAIL**

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