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February 25, 2009

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Sir or Madam:

In compliance with the requirements of the alternative reporting and disclosure method under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations § 2520.104-23, the following information is provided by the undersigned employer:

Name and Address of Employer: Belmont Hill School Inc.
Attention: Gary Hall
350 Prospect Street
Belmont, MA 02478-2656

Employer Identification Number: 04-2103870

Number of Arrangements: 2

Number of Participants: One Participant in each arrangement

The undersigned maintains these arrangements primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees of the undersigned.

BELMONT HILL SCHOOL INC.

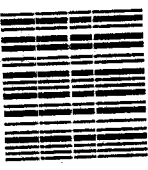
By: Gary Hall
Assistant Treasurer
Director of Finance & Operations

BELMONT HILL SCHOOL
350 PROSPECT STREET
BELMONT, MA 02478-2662

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD TO THE RIGHT
CERTIFIED MAIL



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