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Human Resources

August 27, 2013

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

U.S. Department of Labor
 Employee Benefits Security Administration
 Top Hat Plan Exemption
 200 Constitution Avenue, NW N-1513
 Washington, DC 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 as a protective measure by the undersigned employer:

Name and Address of Employer: Lesley University
 29 Everett Street
 Cambridge, MA 02138
 Attn: General Counsel

Employer Identification Number: 04-2103589

Number of Arrangements: 1

Number of Participants: 45

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.

LESLEY UNIVERSITY

By: Maylon Bait

Title: Vice President for Administration



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100 Constitution Avenue, NW
Washington, DC 20210



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