



April 7, 2014

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

APR 10 2014
10:00 AM

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Solomon Schechter School of Westchester
Address: 555 W. Hartsdale Avenue
Hartsdale, NY 10530
EIN#: 13-6209307

Name of Plan: Solomon Schechter Head of School 457(b) Plan

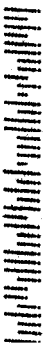
Number of Plan(s): 1

Number of Employees in Plan(s): 1

Very truly yours,

Plan Administrator

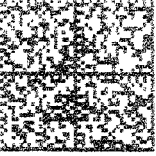
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OF WESTCHESTER

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