

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 3/18/2025 3:48 PM EST

Confirmation Number: 14641

Amended Confirmation Number:

Employer Information

Name: American College Health Association
Address: 8455 Colesville Rd #740
City: SILVER SPRING
State: MD
Zip Code: 20910

Plan Administrator Information

Name: James Wilkinson, Office of the CEO
Address: 8455 Colesville Rd #740
City: SILVER SPRING
State: MD
Zip Code: 20910
Phone: 4434674406
Email: jwilkinson@acha.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:	ACHA Deferred Compensation Plan	Number of Employees: 1
------	------------	---------------------------------	---------------------------

Additional Information:

Deferred Executive Compensation plan 457b



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 14641. 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.