

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

Date Completed: 9/22/2026 10:20 AM EST

Confirmation Number: 17027

Amended Confirmation Number:

Employer Information

Name: CAMBA, Inc.
Address: 1720 Church Avenue, 2nd Floor
City: Brooklyn
State: NY
Zip Code: 11226

Plan Administrator Information

Name: The CAMBA 457 (b) Plan Committee
Address: 1720 Church Avenue, 2nd Floor
City: Brooklyn
State: NY
Zip Code: 11226
Phone: 7189406311
Email: Elizabeth.Miller@camba.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: The CAMBA 457(b) Plan	Number of Employees: 8
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Additional Information:

Provider Plan Name: the CAMBA 457(b) plan fka CAMBA Executive Plan



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 17027. 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.