

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

Date Completed: 8/28/2019 4:24 PM EST

Confirmation Number: 5454

Amended Confirmation Number:

Employer Information

Name: Infectious Diseases Society of America
Address: 1300 Wilson Boulevard, Suite 300
City: Arlington
State: VA
Zip Code: 22209

Plan Administrator Information

Name: Barton Groh
Address: 1300 Wilson Boulevard, Suite 300
City: Arlikngton
State: VA
Zip Code: 22209
Phone: 7032990108
Email: bgroh@idsociety.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:	401k Plan	Number of Employees: 63
ID:2	Plan Name:	457b Plan	Number of Employees: 1
ID:3	Plan Name:	457f Plan	Number of Employees: 1

Additional Information:

Adding a 457f 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 5454. 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.