

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

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Confirmation Number: 7188

Amended Confirmation Number:

Employer Information

Name: Community Health Accreditation Program, Inc.
Address: 2300 Clarendon Boulevard, Suite 405
City: Arlington
State: VA
Zip Code: 22201

Plan Administrator Information

Name: Lawton Samuels, Vice President of Human Resources
Address: 2300 Clarendon Boulevard, Suite 405
City: Arlington
State: VA
Zip Code: 22201
Phone: 2028623413
Email: Lawton.Samuels@chapinc.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:	Community Health Accreditation Program 457(B) Plan	Number of Employees: 9
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Additional Information:

The plan is for the Senior Leadership Team of CHAP, and the number of employees may expand / contract depending upon the size of that specified team.



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 7188. 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.