

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: 7556

Amended Confirmation Number:

Employer Information

Name: Association for Accessible Medicines  
Address: 601 New Jersey Avenue NW, Suite 850  
City: Washington  
State: DC  
Zip Code: 20001

Plan Administrator Information

Name: Association for Accessible Medicines - Anna McDermott-Vitak  
Address: 601 New Jersey Avenue NW, Suite 850  
City: Washington  
State: DC  
Zip Code: 20001  
Phone: 2022497100  
Email: Anna.McDermott-Vitak@accessiblemeds.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:	Association for Accessible Medicines 457(f) Retirement Plan	Number of Employees: 1
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Additional Information:



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 7556. 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.