

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

Date Completed: 8/13/2021 11:42 AM EST

Confirmation Number: 8506

Amended Confirmation Number:

Employer Information

Name: Cape Abilities, Inc.
Address: 895 Mary Dunn Road
City: Hyannis
State: MA
Zip Code: 02601

Plan Administrator Information

Name: Kim McElholm
Address: 895 Mary Dunn Road
City: Hyannis
State: MA
Zip Code: 02601
Phone: 5087785040
Email: kmcelholm@capeabilities.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:	Cape Abilities, Inc. 457(b) Plan	Number of Employees: 1
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Additional Information:

Plan is effective as of January 1, 2021 and was executed on June 23, 2021.



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 8506. 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.