

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

Date Completed: 1/26/2022 4:47 PM EST

Confirmation Number: 9315

Amended Confirmation Number:

Employer Information

Name: REHAB JV, LLC (D/B/A SHELTERING ARMS INSTITUTE)
Address: 140 EASTSHORE DRIVE, SUITE 2200
City: GLEN ALLEN
State: VA
Zip Code: 23059

Plan Administrator Information

Name: REHAB JV, LLC D/B/A SHELTERING ARMS INSTITUTE
Address: 140 EASTSHORE DRIVE, SUITE 2200
City: GLEN ALLEN
State: VA
Zip Code: 23059
Phone: 8043424350
Email: Amanda.worley@sai.rehab

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:	SHELTERING ARMS INSTITUTE	Number of
		SUPPLEMENTAL EXECUTIVE RETIREMENT	Employees: 1
		PLAN FOR ALAN LOMBARDO	

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 9315. 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.