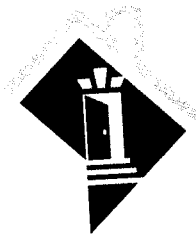


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The Community Partnership
For The Prevention
of Homelessness

December 31, 2012

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:
Employer Name: Community Partnership For Prevention Of Homelessness, Inc.
Address: 801 Pennsylvania Ave SE Suite 360
Washington, DC 20003-2167
EIN#: 52-1681401

Name of Plan: Community Partnership For Prevention Of Homelessness 457(b) Deferred
Compensation Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 1

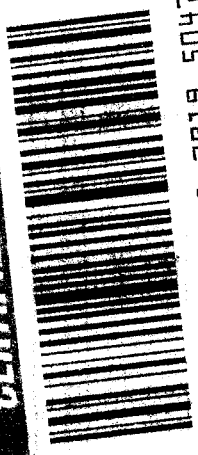
Very truly yours,

Xiaowei Zheng
Plan Administrator

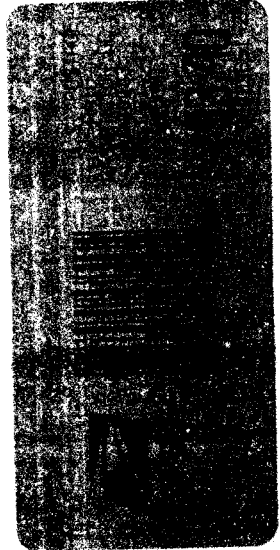


The Community Partnership
For The Prevention
of Homelessness
801 PENNSYLVANIA AVENUE, S.E.
SUITE 360
WASHINGTON, D.C. 20003

CERTIFIED MAIL



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