



ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR NONQUALIFIED
DEFERRED COMPENSATION PLAN

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2013 JAN 15 PM 2:23
EASA/PUBL/01/0001/0001

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that benefits provided by this plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Accreditation Association for Ambulatory Health Care, Inc.

Employer's Address: 5250 Old Orchard Road, Suite 200, Skokie, IL 60077

457(b) Eligible Deferred Compensation Plan for Tax-Exempt Employers, which covers 12 Participants

Employer Identification Number: 36-3016881

Total Number of Plans: 1

Accreditation Association for Ambulatory Health Care, Inc.
Plan Administrator of the Plans Specified Above

By: [Signature]

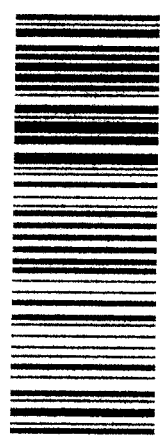
Date: 01/02/13



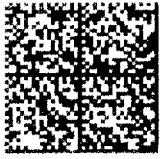
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

5250 Old Orchard Road, SUITE 200
Skokie, Illinois 60077

www.aaahc.org



7009 3410 0002 0492 6056



UNITED STATES POSTAGE
METRY BOXES
\$ 05.750
02 14
0004368884 JAN 11 2010
MAILED FROM ZIP CODE 60077

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

