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Monday, October 31, 2016

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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 primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

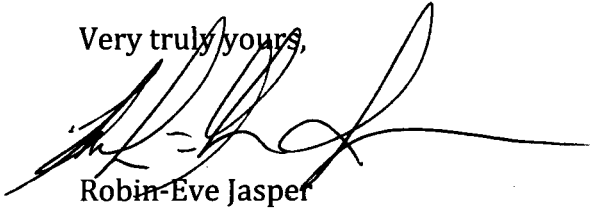
In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan:

Employer:

Employer Name: NoMa Business Improvement District
Address: 1200 1st Street, NE, Suite 310
Washington, District of Columbia 20002
EIN#: 76-0832248

Name of Plan: NoMa Business Improvement District Section 457(b) Plan
Number of Plans: One (1)
Number of Employees in Plan: One (1)

Very truly yours,



Robin-Eve Jasper
President

NOMA
GROUP, LLC

1200 First Street NE, Suite 310
Washington, DC 20002



CAPITAL DISTRICT 200/206

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