

December 14, 2016

**VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

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

**2520170330019**

Re: Disclosure regarding the N.C. Health Care Facilities Association 457(b) Plan

Dear Sir or Madam:

In accordance with U.S. Department of Labor Regulation § 2520.104-23, I am filing the following information on behalf of the North Carolina Health Care Facilities Association 457(b) Plan:

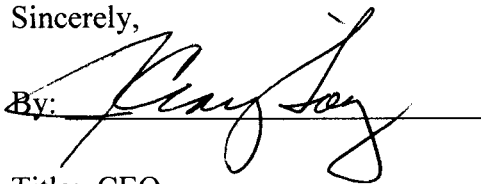
1. Name and Address of Employer: North Carolina Health Care Facilities Association  
5109 Bur Oak Circle  
Raleigh, NC 27612
2. Employer's Employer Identification Number: 56-0746687
3. Number of Plans to which Statement Relates: 1
4. Declaration: The Employer maintains the plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees of the Employer and its subsidiaries and affiliates.
5. Number of Employees Initially Covered By Plan: 1

Upon request by the Secretary of the Department of Labor, the Employer will provide documents for the above-listed plan, as required under § 104(a)(6) of the Employee Retirement Income Security Act of 1974, as amended.

Sincerely,

By:

Title: CEO

A handwritten signature in cursive script, appearing to read "Ray Jay", is written over a solid horizontal line. The signature is fluid and stylized, with a prominent loop at the end.

**NCHCFA**

North Carolina Health Care Facilities Association

5109 Bur Oak Circle • Raleigh, NC 27612

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