



January 5, 2017
CERTIFIED MAIL/
RETURN RECEIPT REQUESTED

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

2520170330068

Re: HAP, Inc. 2016 Section 457(f) Nonqualified Deferred Compensation Plan

Dear Sir or Madam:

In order to comply with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, and pursuant to Regulation Section 2520.104-23 of the Department of Labor, the undersigned hereby submits the following:

- (1) Name of Plan:

HAP, Inc. 2016 Section 457(f) Nonqualified Deferred Compensation Plan (the "Plan")
- (2) Name and Address of Employer:

HAP, Inc.
322 Main Street
Springfield, MA 01105
- (3) Employer ID No.: 04-2518368
- (4) The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a member of a select group of management or highly compensated employees.
- (5) Number of such plans maintained by the Employer or members of its controlled group: Two (2)

322 Main Street, Suite 1, Springfield, MA 01105-2408 / 413-233-1500 / 800-332-9667
Fax: 413-731-8723 / TDD: 413-233-1699 / Rental Assistance Fax: 413-787-1797
20 Hampton Avenue, Northampton, MA 01060 / 413-584-8495 / 800-851-8495 / Fax: 413-586-3571
www.haphousing.org



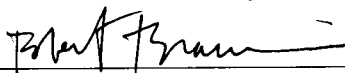
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(6) Number of employees participating in the Plan: One (1)

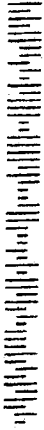
The Employer undertakes to provide to the Secretary of Labor any documents relating to the Plan upon request.

Very truly yours,
HAP, Inc.

By: 
Robert Brainin
Its: Chief Financial Officer



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HAPHOUSING™

322 Main Street, Suite 1, Springfield, MA 01105-2403

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Washington D.C. 20210*