

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 4/11/2024 10:45 AM EST

Confirmation Number: 13024

Amended Confirmation Number:

Employer Information

Name: Positive Impact Health Centers Inc  
Address: 2800 Century Blvd NE Suite 550  
City: Atlanta  
State: GA  
Zip Code: 30345

Plan Administrator Information

Name: Brace Arnette  
Address: 2800 Century Blvd NE Suite 550  
City: Atlanta  
State: GA  
Zip Code: 30345  
Phone: 6789906455  
Email: brace.arnette@pihcga.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Positive Impact Health Centers 457 plan	Number of Employees: 37
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Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 13024. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.