

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

Date Completed: 12/8/2025 2:45 PM EST

Confirmation Number: 15755

Amended Confirmation Number:

Employer Information

Name: National Association of Healthcare Quality
Address: 8600 W Bryn Mawr Ave suite 710 N
City: Chicago
State: IL
Zip Code: 60631

Plan Administrator Information

Name: Empower
Address: 8515 E. Orchard Road
City: Greenwood Village
State: CO
Zip Code: 80111
Phone: 3037372296
Email: ben.stephens@empower.com

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: NAHQ 457 (b)	Number of Employees: 4
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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 15755. 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.