

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

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Confirmation Number: 16830

Amended Confirmation Number:

Employer Information

Name: Western University of Health Sciences
Address: 309 E Second Street College Plaza
City: Pomona
State: CA
Zip Code: 91766

Plan Administrator Information

Name: Joshua McFarlen, Chief Financial Officer and Treasurer
Address: 309 E Second Street College Plaza
City: Pomona
State: CA
Zip Code: 91766
Phone: 9094695696
Email: jmcfarlen@westernu.edu

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:	Western University of Health Sciences 457(f) Plan	Number of Employees: 1
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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 16830. 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.