

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: 5779

Amended Confirmation Number:

Employer Information

Name: Public Health Foundation Enterprises, Inc. d/b/a Heluna Health
Address: 13300 Crossroads Parkway North, Suite 450
City: City of Industry
State: CA
Zip Code: 91746

Plan Administrator Information

Name: Public Health Foundation Enterprises, Inc. d/b/a Heluna Health
Address: 13300 Crossroads Parkway North, Suite 450
City: City of Industry
State: CA
Zip Code: 91746
Phone: 5622227889
Email: tseifert@helunahealth.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:	Heluna Health 457(f) Plan	Number of Employees: 10
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Additional Information:

effective date November 15, 2019 total eligible employees 15 total participating employees 0, new plan



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 5779. 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.