

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

Date Completed: 9/21/2021 11:58 AM EST

Confirmation Number: 8652  
Amended Confirmation Number: 8647

Employer Information

Name: Hospice of the Valley  
Address: 1510 E. Flower Street  
City: Phoenix  
State: AZ  
Zip Code: 85014

Plan Administrator Information

Name: Hospice of the Valley  
Address: 1510 E. Flower Street  
City: Phoenix  
State: AZ  
Zip Code: 85014  
Phone: 6025306946  
Email: dshumway@hov.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:	Hospice of the Valley 457(b) Plan	Number of Employees: 16
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Additional Information:

Amended top hat statement for Hospice of the Valley 457(b) 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 8652. 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.