

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

Date Completed: 1/24/2022 12:02 PM EST

Confirmation Number: 9299
Amended Confirmation Number: 9298

Employer Information

Name: Neighborhood Outreach Access to Health
Address: 7500 N. Dreamy Draw Drive, Suite 145
City: Phoenix
State: AZ
Zip Code: 85020

Plan Administrator Information

Name: Julia Nierad
Address: 7500 N. Dreamy Draw Drive, Suite 145
City: Phoenix
State: AZ
Zip Code: 85020
Phone: 6027860004
Email: jnierad@honorhealth.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:	Number of Employees: 30
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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 9299. 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.