

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

Date Completed: 2/10/2022 3:22 PM EST

Confirmation Number: 9398

Amended Confirmation Number:

Employer Information

Name: Suicide Awareness Voices of Education
Address: 7900 Xerxes Ave S, Suite 810
City: Bloomington
State: MN
Zip Code: 55431

Plan Administrator Information

Name: Mutual of America Bloomington MN Office
Address: 8300 Norman Center Drive #1290
City: Bloomington
State: MN
Zip Code: 55437
Phone: 9529200089
Email: beth.eberbach@mutualofamerica.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:	403(b)	Number of Employees: 3
ID:2	Plan Name:	457(b)	Number of Employees: 1

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 9398. 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.