

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

Date Completed: 1/21/2016 4:02 PM EST

Confirmation Number: 953

Amended Confirmation Number:

**Employer Information**

Name: Arizona Association for Community Health Centers dba Arizona Alliance for Community Health Centers

Address: 700 East Jefferson Street, Suite 100

City: Phoenix State: AZ Zip Code: 85034

**Plan Administrator Information**

Name: Arizona Association for Community Health Centers dba Arizona Alliance for Community Health Centers

Address: 700 East Jefferson Street, Suite 100

City: Phoenix State: AZ Zip Code: 85034

Phone: 6022183900

Email: suzanneg@aachc.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: Arizona Alliance for Community Health Centers Number of  
Section 457(f) Deferred Compensation Plan Employees: 1

**Additional Information:**

457(f) 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 953. 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.