

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

Date Completed: 10/13/2025 1:14 PM EST

Confirmation Number: 15489

Amended Confirmation Number:

Employer Information

Name: Transforming Age 457b Plan
Address: 1980 112th Ave NE
City: Bellevue
State: WA
Zip Code: 98804

Plan Administrator Information

Name: Tracey Lonnqvist
Address: 1980 112th Ave NE
City: Bellevue
State: WA
Zip Code: 98804
Phone: 2062243768
Email: tracey.lonnqvist@transformingage.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: Transforming Age 457b Plan	Number of Employees: 42
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Additional Information:

42 eligible employees



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 15489. 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.