

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

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Confirmation Number: 15920

Amended Confirmation Number:

Employer Information

Name: Area Agency on Aging, Region One, Incorporated
Address: 1366 East Thomas Road, Suite 108
City: Phoenix
State: AZ
Zip Code: 85014

Plan Administrator Information

Name: Area Agency on Aging, Region One, Incorporated
Address: 1366 East Thomas Road, Suite 108
City: Phoenix
State: AZ
Zip Code: 85014
Phone: 6022642255
Email: Mai.gabil@aaaphx.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:	Area Agency on Aging, Region One, Incorporated 457(b) Plan	Number of Employees: 1
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Additional Information:

Area Agency on Aging, Region One, Incorporated 457(b) Plan effective 1-1-2026



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 15920. 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.