

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

Date Completed: 4/24/2026 5:50 PM EST

Confirmation Number: 16415

Amended Confirmation Number:

Employer Information

Name: Mt. Graham Regional Medical Center, Inc.
Address: 1600 20th Avenue
City: Safford
State: AZ
Zip Code: 85546

Plan Administrator Information

Name: Kathleen Williams
Address: 1600 20th Avenue
City: Safford
State: AZ
Zip Code: 85546
Phone: 9283484060
Email: kathleen.williams@mtgraham.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:	Mt. Graham Regional Medical Center, Inc. 457(f) Plan	Number of Employees: 1
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Additional Information:

This is a new plan as of 4/17/2026.



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 16415. 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.