

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

Date Completed: 6/6/2018 1:14 PM EST

Confirmation Number: 3853

Amended Confirmation Number:

Employer Information

Name: Child Crisis Arizona  
Address: 817 N. Country Club Dr.  
City: Mesa State: AZ Zip Code: 85201

Plan Administrator Information

Name: Lisa A. Ricci, CFO  
Address: 817 N. Country Club Dr.  
City: Mesa State: AZ Zip Code: 85201  
Phone: 4803049452  
Email: Lisa.Ricci@childcrisisaz.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:	Child Crisis Arizona 457(b) Plan	Number of Employees: 6
ID:2	Plan Name:	Child Crisis Arizona 457(f) Plan	Number of Employees: 6

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 3853. 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.