

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

Date Completed: 7/19/2018 9:48 AM EST

Confirmation Number: 3989

Amended Confirmation Number:

Employer Information

Name: American Association of Blood Banks
Address: 4550 Montgomery Ave., Suite 700, North Tower
City: Bethesda State: MD Zip Code: 20814

Plan Administrator Information

Name: American Association of Blood Banks
Address: 4550 Montgomery Ave., Suite 700, North Tower
City: Bethesda State: MD Zip Code: 20814
Phone: 2403336607
Email: jrush@aabb.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: | AABB Deferred Compensation Plan | Number of Employees: 1 |
|------|------------|---------------------------------|------------------------|

Additional Information:

eligible employees 1 participating employees 1 effective date August 1, 2018



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 3989. 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.