

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

Date Completed: 5/28/2019 2:42 PM EST

Confirmation Number: 5132

Amended Confirmation Number:

Employer Information

Name: Make-A-Wish Foundation of Arizona
Address: 2901 N 78TH ST
City: SCOTTSDALE State: AZ Zip Code: 85251-6547

Plan Administrator Information

Name: Make-A-Wish Foundation of Arizona
Address: 2901 N 78TH ST
City: SCOTTSDALE State: AZ Zip Code: 85251-6547
Phone: 6023959474
Email: Draber@arizona.wish.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:	Make-A-Wish Foundation of Arizona 401(k) Plan	Number of Employees: 30
ID:2	Plan Name:	Make-A-Wish Foundation of Arizona 457(b) Plan	Number of Employees: 5

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 5132. 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.