

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

Date Completed: 6/24/2024 2:25 PM EST

Confirmation Number: 13370

Amended Confirmation Number:

Employer Information

Name: Friendship Home, Inc.  
Address: 458 Main Street, P.O. Box 916  
City: Norwell  
State: ME  
Zip Code: 02061

Plan Administrator Information

Name: Ms. Eva Monahan  
Address: 458 Main Street, P.O. Box 916  
City: Norwell  
State: MA  
Zip Code: 02061  
Phone: 7816598202  
Email: emonahan@friendshiphome.net

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:	Friendship Home, Inc. 457(f) Plan	Number of Employees: 1
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Additional Information:

The Plan was adopted on March 19, 2024.



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 13370. 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.