

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

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Confirmation Number: 15306

Amended Confirmation Number:

Employer Information

Name: Kirby Medical Center
Address: 1000 Medical Center Drive
City: Monticello
State: IL
Zip Code: 61856

Plan Administrator Information

Name: Governing Board of Kirby Medical Center
Address: 1000 Medical Center Drive
City: Monticello
State: IL
Zip Code: 61856
Phone: 2177622115
Email: STenhouse@kirbyhealth.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:	Kirby Medical Center Amended and Restated Deferred Compensation Agreement with Steven D. Tenhouse	Number of Employees: 1
ID:2	Plan Name:	Kirby Medical Center Deferred Compensation Agreement with Jennifer Moss	Number of Employees: 1

Additional Information:

The Kirby Medical Center Amended and Restated Deferred Compensation Agreement with Steven D. Tenhouse is effective as of January 3, 2023. The Kirby Medical Center Deferred Compensation Agreement with Jennifer Moss is effective as of April 18, 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 15306. 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.