

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

Date Completed: 3/23/2018 4:13 PM EST

Confirmation Number: 3579

Amended Confirmation Number:

Employer Information

Name: League of Voluntary Hospitals & Homes of NY  
Address: 555 West 57th St. Suite 1530  
City: New York State: NY Zip Code: 10019

Plan Administrator Information

Name: Roseann M Simonelli/Vice President Administration and Research  
Address: 555 West 57th St. Room 1530  
City: New York State: NY Zip Code: 10019  
Phone: 2129568900  
Email: roe@lvhh.com

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:	League of Voluntary Hospitals and Homes of NY 457(b)Deferred Compensation and Grandfathered Deferred Comp Plan	Number of Employees: 2
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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 3579. 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.