

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

Date Completed: 6/10/2015 12:27 PM EST

Confirmation Number: 409

Amended Confirmation Number:

Employer Information

Name: Oregon Health & Science University Foundation  
Address: 1121 SW Salmon St. Suite 100  
City: Portland State: OR Zip Code: 97205

Plan Administrator Information

Name: Joy McCammon - OHSU Foundation  
Address: 1121 SW Salmon St. Suite 100  
City: Portland State: OR Zip Code: 97205  
Phone: 5034126364  
Email: mccammon@ohsu.edu

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: OHSUF 457(b) Plan	Number of Employees: 1
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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 409. 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.