

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

Date Completed: 6/26/2020 12:45 PM EST

Confirmation Number: 6696

Amended Confirmation Number:

Employer Information

Name: Legacy Health  
Address: 1919 NW Lovejoy St.  
City: Portland  
State: OR  
Zip Code: 97209

Plan Administrator Information

Name: Jason Schibel  
Address: 1919 NW Lovejoy St  
City: Portland  
State: OR  
Zip Code: 97209  
Phone: 5034155189  
Email: jschibel@lhs.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:	Legacy Health Section 457(f) Executive Deferred Compensation Plan	Number of Employees: 18
------	------------	--	----------------------------

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 6696. 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.