

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: 7100

Amended Confirmation Number:

Employer Information

Name: Seattle Children's Healthcare System
Address: 4800 Sand Point Way N.E.
City: Seattle
State: WA
Zip Code: 98105

Plan Administrator Information

Name: People, Culture and Executive Compensation Committee of Seattle Children's Healthcare System
Address: 4800 Sand Point Way N.E.
City: Seattle
State: WA
Zip Code: 98105
Phone: 2069872111
Email: tony.paolozzi@seattlechildrens.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:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:2	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:3	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:4	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:5	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:6	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:7	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:8	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:9	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:10	Plan Name:	Seattle Children's Healthcare System Executive Supplemental Retirement Plan	Number of Employees: 1
ID:11	Plan Name:	Seattle Children's Healthcare System 457(b) Supplemental Savings Plan	Number of Employees: 75

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 7100. 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.