

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

Date Completed: 11/10/2020 12:08 PM EST

Confirmation Number: 7175

Amended Confirmation Number:

Employer Information

Name: North Shore Community Health, Inc.  
Address: 47 Congress Street #513  
City: Salem  
State: MA  
Zip Code: 01970

Plan Administrator Information

Name: North Shore Community Health, Inc. Board of Directors  
Address: 47 Congress Street #513  
City: Salem  
State: MA  
Zip Code: 01970  
Phone:  
Email: marc.bourassa@nschi.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:	457(f) Ineligible Deferred Compensation 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 7175. 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.