

U.S. DEPT. OF LABOR  
FIDIA/PUBLIC DISCLOSURE  
01 MAY -1 AM 9:20

Saint Francis House  
39 Boylston Street  
Boston, MA 02116

2520042393174

U.S. DEPT. OF LABOR  
FIDIA/PUBLIC DISCLOSURE  
01 MAY -1 PM 1:11

RETURN RECEIPT REQUESTED  
CERTIFIED MAIL NO.:

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Washington, D.C., 20210

Re: Saint Francis House Employment Agreement with Ira Greiff, Executive Director

Dear Madam/Sir:

Pursuant to the provisions of Department of Labor regulations at 29 C.F.R. §2520.104-23, you are hereby notified that the employer named in Item (1) below maintains a plan or plans, as identified in Item (2) below, primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. Item (3) below sets forth the number of participants in each plan as of the date of this letter.

Item (1): NAME, ADDRESS AND EMPLOYER IDENTIFICATION NUMBER (EIN) OF EMPLOYER MAINTAINING PLAN

Saint Francis House  
39 Boylston Street  
Boston, MA 02116  
EIN: 222519129

Item (2): NAME AND PLAN IDENTIFICATION NUMBER (PIN) OF THE PLAN TO WHICH THIS NOTIFICATION APPLIES

Individual contract with executive  
00 2

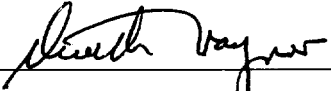
Item (3): NUMBER OF PARTICIPANTS IN EACH PLAN TO WHICH THIS NOTIFICATION APPLIES:

<u>Plan Number</u>	<u>Number of Participants</u>
00 <u>2</u>	1

Sincerely yours,

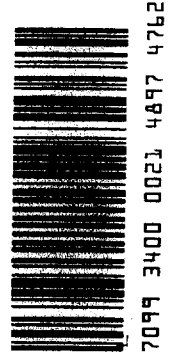
Plan Administrator:  
Saint Francis House

Date: APRIL 27, 2001

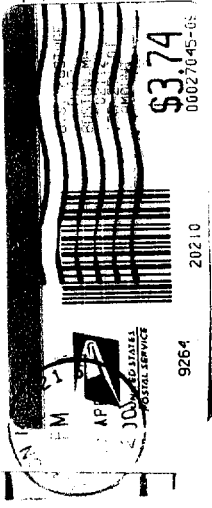
By:   
NEVILLE TRAINER



P.O. Box 120499, Essex Station  
Boston, MA 02112-0499  
Address Correction Requested



7099 3400 0021 4897 4762



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REQUESTED**

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Washington, D.C., 20210

A Day Shelter Providing Services  
for the Poor and Homeless

