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March 4, 2008

03/04/08 10:51:25

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

**Re: Evangelical Community Hospital 457(b) & 457(f) Plans
(EIN: 24-0795411)**

Dear Sir or Madam:

Enclosed is the statement required under Department of Labor Reg. Section 2520.104-23 to satisfy the otherwise applicable reporting and disclosure obligations under Part 1 of Title I of ERISA.

Please acknowledge receipt of this alternative method of compliance by time-stamping and returning the enclosed copy of this letter and the statement in the envelope provided. If you have any questions regarding the contents of this statement, please contact the undersigned.

Very truly yours,

McNEES WALLACE & NURICK LLC

By

Michael G. Jarman

MGJ:*
Enclosures

**Alternative Reporting and Disclosure Statement
for Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemptions
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management of highly compensated employees, specified in Department of Labor and Regulations, 29 CFR Section 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Evangelical Community Hospital
2. The mailing address of the Employer is: One Hospital Drive Lewisburg, PA 17837
3. The Employer Identification Number is: 24-0795411
4. The above-named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management of highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
Two Plan(s) covering 8 Eligible Employees
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Evangelical Community Hospital,
a Pennsylvania Organization

By: Marcia J. Cooney
Authorized Person Director of HR

Dated: 2-4-08



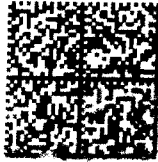
McNees Wallace & Nurick LLC
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CERTIFIED MAIL



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RETURN RECEIPT REQUESTED

TOP HAT PLAN EXEMPTION
PENSION AND WELFARE BENEFITS
ADMINISTRATION
ROOM N-5644
US DEPARTMENT OF LABOR
200 CONSTITUTION AVENUE NW
WASHINGTON DC 20210

