

Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

EBSA/PUBLIC DISCLOSURE

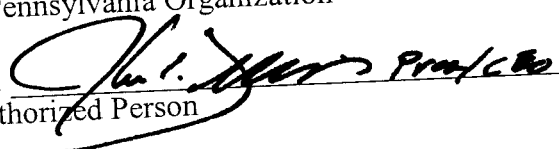
2010 DEC 28 PM 2: 07

To: Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N 1513
 U.S. Department of Labor
 200 Constitution Ave. N.W.
 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 un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Armstrong County Memorial Hospital
2. The mailing address of the Employer is: One Nolte Drive
Kittanning, PA 16201
3. The Employer Identification Number is: 25-0965237
4. The above named Employer maintains at least one Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
 2 Plans covering 7 Eligible Employees.
6. The Employer will provide a copy of the Plans to the office of Employee Benefits Security Administration upon request.

Armstrong County Memorial Hospital
 A Pennsylvania Organization

By: 
 Authorized Person

Dated: 12/22/2010

DEC 31 2010

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

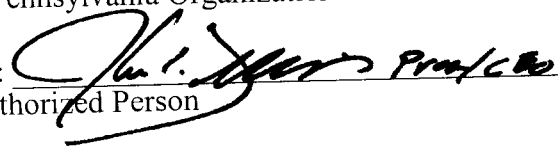
To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

EBSA/PENSION DISCLOSURE
2011 JAN 26 AM 11:27

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 un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Armstrong County Memorial Hospital
2. The mailing address of the Employer is: One Nolte Drive
Kittanning, PA 16201
3. The Employer Identification Number is: 25-0965237
4. The above named Employer maintains at least one Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
2 Plans covering 7 Eligible Employees.
6. The Employer will provide a copy of the Plans to the office of Employee Benefits Security Administration upon request.

Armstrong County Memorial Hospital
A Pennsylvania Organization

By: 
Authorized Person

Dated: 12/22/2010

ACMH

HOSPITAL

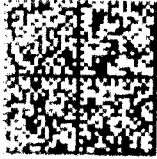
Pat Burns

One Nolte Drive
Kittanning, PA 16201

CERTIFIED MAIL



7002 0460 0000 2243 6578



05.54
2005 JUN 22 09:58
MAILED FROM ZIP CODE 16201

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

16201046000022436578