



**NORTH HAWAII**  
COMMUNITY HOSPITAL

May 23, 2011

EOSA/PUBLIC DISCLOSURE  
2011 JUN -6 PM 1:34

*Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC. 20210*

*Dear Sir or Madame:*

*This statement is filed under DOL Regulations §2520.104-23.*

*Employer: North Hawaii Community Hospital, Inc.*

*Address: 67-1125 Mamalahoa Highway  
Kamuela, HI. 96743*

*Employer ID  
Number: 99-0260423*

*Effective June 1, 2011, the Employer adopted the following plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:*

*Plan Name: North Hawaii Community Hospital, Inc. 457(b) Plan*

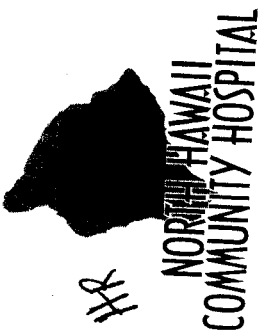
*Number of Participants:*

*We have 16 eligible employees and will ascertain participation on sign-up.*

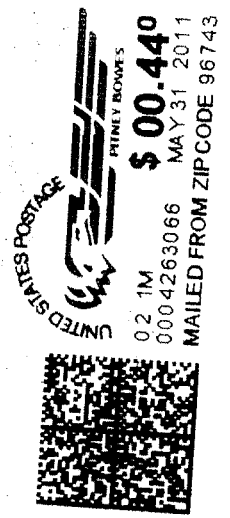
*Sincerely,*

*[Handwritten Signature]*  
\_\_\_\_\_  
Administrator

*5/23/11*  
\_\_\_\_\_  
Date



P.O. Box 2799  
Kamuela, Hawaii 96743



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