

LUSE GORMAN POMERENK & SCHICK

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

5335 WISCONSIN AVENUE, N.W., SUITE 780
WASHINGTON, D.C. 20015

TELEPHONE (202) 274-2000
FACSIMILE (202) 362-2902
www.luselaw.com

2520120750017

WRITER'S DIRECT DIAL NUMBER

202 274-2005

WRITER'S E-MAIL

bwhite@luselaw.com

January 26, 2012

Via Federal Express

Phone: (202)-693-8512

Top Hat Plan Exemption

Employee Benefits Security Administration

U.S. Department of Labor

200 Constitution Avenue, N.W.

Room N-1513

Washington, D.C. 20210

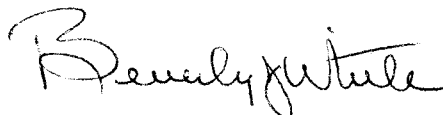
ES&A/PUBLIC/DISC/D
2012 JAN 27 PM 2:00

Re: Notice of Adoption of Top Hat Plans by Newburyport Five Cents Savings Bank

Dear Sir or Madam:

Enclosed please find two notices of adoption of top hat plans by Newburyport Five Cents Savings Bank. The notices are being filed pursuant to Department of Labor Regulations 29 C.F.R. §2520.104-23. If you have any questions with respect to the notices, please contact me.

Very truly yours,



Beverly J. White

Enclosure

Cc: Janice C. Morse, President and Chief Executive Officer

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR NONQUALIFIED DEFERRED COMPENSATION PLANS**

To the Secretary of Labor:

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 or highly compensated employees, specified in Department of Labor Regulations, 29. C.F.R. § 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Newburyport Five Cents Savings Bank

The mailing address of the employer is: Newburyport Five Cents Savings Bank
63 State Street
Newburyport, MA 01950

- (3) The Employer Identification Number is: 04-1669070.

- (4) The above-named employer maintains the below referenced plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.

- (5) Name of Plan and Number of Participants:

Newburyport Five Cents Savings Bank Deferred Compensation Plan for Janice C. Morse, covering one participant, for which this notice is being filed.

- (6) The employer will provide copies of the plan to the Secretary of Labor upon request.

**NEWBURYPORT FIVE CENTS SAVINGS
BANK**

1/26 2012
Date

By: Janice C. Morse, President
Plan Administrator & CEO

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR NONQUALIFIED DEFERRED COMPENSATION PLANS**

To the Secretary of Labor:

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 or highly compensated employees, specified in Department of Labor Regulations, 29. C.F.R. § 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Newburyport Five Cents Savings Bank
The mailing address of the employer is: Newburyport Five Cents Savings Bank
63 State Street
Newburyport, MA 01950
- (3) The Employer Identification Number is: 04-1669070.
- (4) The above-named employer maintains the below referenced plans primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Name of Plan and Number of Participants:
Newburyport Five Cents Savings Bank Supplemental Retirement Plan for Senior Executives, covering 3 participants, for which this notice is being filed.
- (6) The employer will provide copies of the plan to the Secretary of Labor upon request.

**NEWBURYPORT FIVE CENTS SAVINGS
BANK**

1/24/ 2012
Date

By: Louis C. Moore, President +
Plan Administrator
CEO

From: (202) 274-2018
Tamara Ungeman
Luse Gorman Pomerank & Schick
5335 Wisconsin Avenue, NW
Suite 780
Washington, DC 20015

Origin ID: ZRZA

FedEx
Express



J12101112190225

Ship Date: 26JAN12
ActWgt: 0.5 LB
CAD: 1435396/INET3250

Delivery Address Bar Code



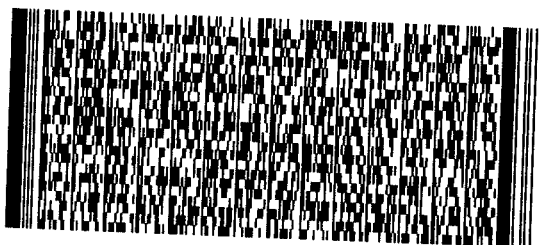
Ref # 1438 / TU / FS
Invoice #
PO #
Dept #

SHIP TO: (202) 693-8512

BILL SENDER

Employee Benefits Security Admin
US Department of Labor
200 CONSTITUTION AVE NW RM N-1513

WASHINGTON, DC 20210

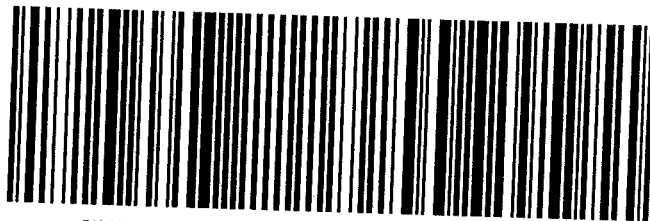


FRI - 27 JAN A2
STANDARD OVERNIGHT

TRK# 7979 8952 2477
0201

19 TSGA

20210
DC-US
DCA



512G2/A78E/A278

089 1
2477
01.27

The World On Time.

Envelope

Align bottom of **Peel and Stick Airbill** or **Pouch** here.