

2520150935497

**ASSOCIATED  
HEALTHCARE**  
Credit Union

December 17, 2014

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

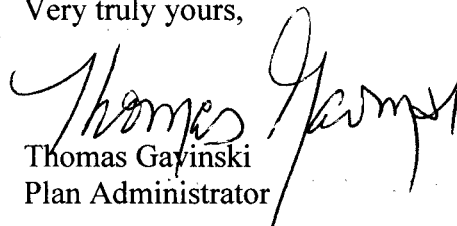
Employer Name: Associated Healthcare Credit Union  
Address: 360 Sherman St., #B10  
St. Paul, Minnesota 55102  
EIN#: 41-0738787

Name of Plan: Associated Healthcare Credit Union 457(b) Plan

Number of Plan(s):   1  

Number of Employees in Plan(s):   1  

Very truly yours,

  
Thomas Gayinski  
Plan Administrator

V-2.00

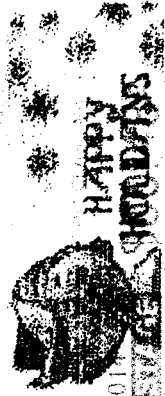


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