



2520150936038

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

Dear Sir or Madam:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

Cooperativa de Ahorro y Crédito Jesús Obrero

Address: PMB 159 HC 1 Box 29030, Caguas, PR 00725-8900

2. Federal Employer Identification No. (EIN):

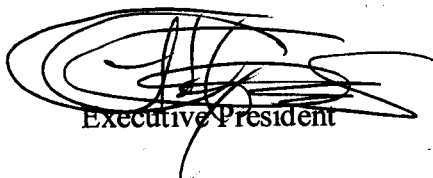
66-0267388

3. The Employer maintains 1 plan(s) of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees. The plan name is Cooperativa de Ahorro y Crédito de Jesús Obrero Non Qualified Deferred Compensation Plan.

4. 1 employee(s) is/are covered by such plan(s).

2015 MAY 20 PM 4:  
DIA/PUEBLO/PR/CO

Very truly yours,

  
Executive President

**The 401 (k).**  
A COMPANY OF PUERTO RICO, INC.  
PLANNING, DESIGN, RECORDKEEPING AND T.L.C.

PMB 221, 405 Ave. Esmeralda Suite 102  
Guaynabo, P.R. 00969-4427

**CERTIFIED MAIL**



7010 0290 0002 9456 7958

\$6.00<sup>00</sup>  
US POSTAGE  
FIRST CLASS

071V0000  
000000  
000000