

10517 PUBLIC ENG...

ST. LUKE HEALTHCARE NETWORK DEFERRED COMPENSATION PLAN

2018 JUL -5 PM 3:22

TOP-HAT PLAN EXEMPTION STATEMENT

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

2520182230034

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the Employer is: St. Luke Community Hospital and Nursing Home

The Employer's mailing address is: 107 6th Avenue Southwest
Ronan, Montana 59864

The Employer's federal identification number (EIN) is: 81-0221486

The plans of employer and the number of participants covered in each plan is:

Plan Name: St. Luke Healthcare Network Deferred Compensation Plan

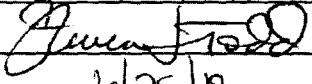
Plan Effective Date: May 01, 2005

Plan Adoption Date: _____

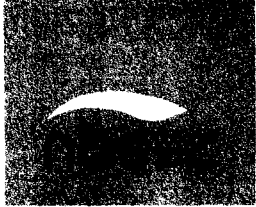
Number of Participants: 2
(specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

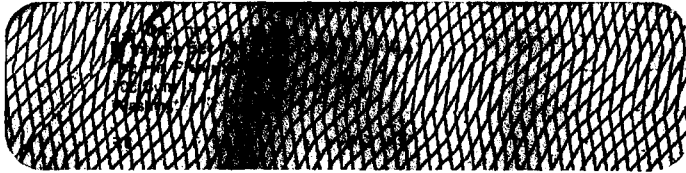
Employer: St. Luke Community Hospital and Nursing Home

By: 

Date: 2/25/18



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