

2520210630028

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: Robison Jewish Home dba Cedar Sinai Park

Employer's Address: 6125 SW Boundary St., Portland OR 97221

Employer Identification Number: 93-0386852.

457 (b) Eligible Deferred Compensation Plan, which covers 1 Participants.

Total Number of Plans: 1.

Employer's Name: Robison Jewish Home dba Cedar Sinai Park
Plan Administrator of the Plan Specified Above

By: Elise Brickner-Schulz
Elise Brickner-Schulz
Chair, Board of Trustees

Date: 11-20, 2020.

EBSA
PUBLIC DISCLOSURE

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US DEPARTMENT OF
LABOR



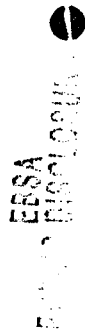
ROBISON JEWISH
HEALTH CENTER

cedar Sinai park

6125 SW Boundary Street
Portland, OR 97221-1019

US DEPARTMENT OF
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