

# Community Medicine Foundation, Inc.

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

2520040763820

Top Hat Plan Exemption  
Employee Benefit Security Administration  
Room N-5644  
United States Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Alternative Reporting and Disclosure Statement for Pension Plans for Certain Selected Employees

Ladies and Gentlemen:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans maintained by an employer 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 employer.

Name and Address of Employer: Community Medicine Foundation, Inc.  
P.O. Box 28  
546 South Cherry Road  
Rock Hill, South Carolina 29731

Employer Identification Number: 57-0891008

Community Medicine Foundation, Inc. maintains the following plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

<u>Name of Plan</u>	<u>Number of Participants</u>
Community Medicine Foundation, Inc. Excess Deferred Compensation Plan	1

Dated: 9/18/03

Community Medicine Foundation, Inc.  
By: Ernest G. Brown  
Authorized Officer

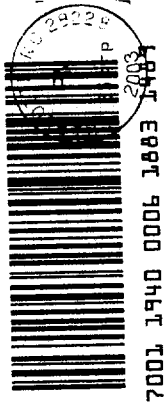
cc: Martin M. Brennan, Jr., Esq.



Helms Mulliss & Wicker, PLLC Attorneys at Law

**HELMS MULLISS WICKER**

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