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**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

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PENSION AND WELFARE BENEFITS ADMINISTRATION
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In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Charles B. Wang Community Health Center, Inc.
2. The mailing address of the Employer is: 268 Canal St., New York, NY 10013
3. The Employer Identification Number is: 13-2739694
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 50 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Charles B. Wang Community Health Center, Inc.
A New York Corporation

By: Jane T. Eng
Authorized Person
Jane T. Eng, Esq.
Executive Director

Dated: 8-27-04

1 From This portion can be removed for recipient's records.

Date 8/30/04 FedEx Tracking Number 848129909423

Sender's Name Jane T. Eng, Esq.

Phone 212 379-6988

Company C B WANG HEALTH CENTER

Address 268 CANAL ST

City NEW YORK

State NY

Zip 10013-3599

Drop/Phone/Call/Room

2 Your Internal Billing Reference

3 To Recipient's Name

Top Hat Plan Exemption

Company/Pension And Welfare Benefits Administration

Recipient's Address Room N-5644 U.S. Department of Labor

Address 200 Constitution Avenue NW

City Washington

State DC

Zip 20210

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