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U.S. DEPT. OF LABOR  
EMPLOYEE BENEFITS SECURITY ADMINISTRATION

JEWISH HEALTHCARE FOUNDATION

06 AUG 31 PM 1:01



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

Centre City Tower  
650 Smithfield Street  
Suite 2400  
Pittsburgh, PA 15222  
412 594-2550  
FAX 412 232-6240  
E-Mail: info@jhf.org

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, DC 20210

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: Jewish Healthcare Foundation
2. The mailing address of the Employer is: Center City Tower, 650 Smithfield St  
Suite 2400, Pittsburgh, PA 15222
3. The Employer Identification Number is: 25-1624347
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 covering 1 Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Jewish Healthcare Foundation  
A Pennsylvania Corporation

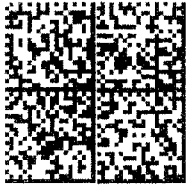
By: MEFW  
Authorized Person

Dated: 8/24/06

JEWISH HEALTHCARE FOUNDATION



Centre City Tower  
650 Smithfield Street  
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Pittsburgh, PA 15222



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