

**THE LONG ISLAND HEAD INJURY ASSOCIATION, INC.**

65 Austin Boulevard, Commack, New York 11725 • Tel: (631) 543-2245 • Fax: (631) 543-2261

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENTS FOR  
A NONQUALIFIED DEFERRED COMPENSATION PLAN

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

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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 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 are paid as needed solely from the general assets of that Employer.

Employer's Name: Long Island Head Injury

Employer's Address: 65 Austin Boulevard  
Commack, NY 11725

Employer Identification Number: 11-2946185

457 (b) Plan, which covers 1 Participants.

Total Number of Plans: 1.

By: Long Island Head Injury, Association

Date: November 16, 2006.



Liz Giordano, CEO

**The Long Island Head Injury A**  
65 AUSTIN BLVD.  
COMMACK, NY 11725

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