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April 21, 2008

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

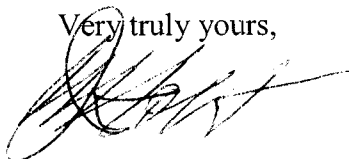
Re: Texas Scottish Rite Hospital for Crippled Children Flexible Benefits Plan

Dear Addressee:

Enclosed for filing with respect to the above captioned Plan is a statement prepared to ensure compliance with DOL Reg. § 2520.104-23. Texas Scottish Rite Hospital for Crippled Children will provide a copy of said Plan to you upon request.

Thank you for your attention to this filing.

Very truly yours,



J. Mike Holt

JMH:rl  
Enclosure  
cc: Ms. Lori Dalton (w/enclosure)

081179 000842

**TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN**

**ALTERNATE METHOD OF COMPLIANCE  
PURSUANT TO DOL REG. §2520.104-23**

April 21, 2008

The Texas Scottish Rite Hospital for Crippled Children Flexible Benefits Plan (the "Plan") executed to be effective as of January 1, 2008, is an unfunded pension plan maintained by Texas Scottish Rite Hospital for Crippled Children (the "Hospital") primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The following information is provided for purposes of complying with Section 2520.104-23 of the Department of Labor Regulations:

1. The name, address and employer identification number of the Hospital are as follows:

Texas Scottish Rite Hospital for Crippled Children  
2222 Welborn Street  
Dallas, Texas 75219  
EIN: 75-0818178

2. The Hospital maintains three plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. These plans and the number of employees covered by each plan as of January 1, 2008, are as follows:

<u>Name of Plan</u>	<u>Number of Employees</u>
Flexible Benefits Plan	23
Management Benefit Plan (frozen)	14
Restoration of Retirement Income Plan	23

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.



**FIRST CLASS**

TOP HAT PLAN EXEMPTION  
EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
ROOM N-1513  
U.S. DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE, N.W.  
WASHINGTON, DC 20210

*Handwritten signature or initials.*