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EBSA/PUBLIC DISCLOSURE

2009 NOV -2 PM 7:49

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

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

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 and 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] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: Mercy Health Clinic, Inc.
Employer's Address: 7 - 1 Metropolitan Court, PO Box 4115, Gaithersburg, MD 20885-4115

Employer Identification Number: 52 - 2230932

457 (b) Eligible Deferred Compensation Plan which covers one Participant.

Total Number of Plans: 1

Yolanda M. Bulick, Senior Accountant
Plan Administrator of the Plans Specified Above

By: Yolanda M. Bulick

Date: October 26, 2009.

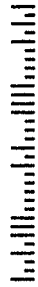


Mercy Health Clinic

7-1 Metropolitan Court
P.O. Box 4115
Gaithersburg, MD 20885-4115



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UNITED STATES



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