

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN

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 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: Keli House Community Services, Inc.

Employer's Address: 1070 Route 9, Fishkill, NY 12524

Employer Identification Number:

81-0680293

457(b) Eligible Deferred Compensation Plan which covers 2 Participants.

Total Number of Plans: 1

Plan Administrator of the Plans Specified Above

By: Esedhen Akhibi

Date: 1/10, 2010.
1/10/2011

EDSA/PUBLIC DISCLOSURE
2011 FEB - 2 PM 3:28

Keli House Community Services, Inc.
1070 Rte. 9, Suite 101A
Fishkill, NY 12524

RED HILLISSON NY 125

27 JAN 2011 PM ET



Top Hat Exemption
Employee Benefits Security Admin.

Room N-5644

US Dept. of Labor NW
200 Constitution Avenue
Washington, DC 20210

Attn: Delores Dews