

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


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

EBSA/PUBLIC DISCLOSURE
2012 JAN 12 PM 2:15

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: Salina Health Education Foundation, Inc.
2. The mailing address of the Employer is: 651 E. Prescott
Salina, KS 67401
3. The Employer Identification Number is: 48-0858197
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(s) covering 10 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Salina Health Education Foundation, Inc.
A Kansas Corporation

By: 
Authorized Person

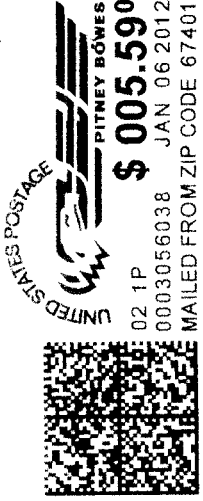
Dated: 1/5/12

Salina Family Healthcare Center
651 E. Prescott
Salina, KS 67401

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