

United States Department of Labor  
Employee Benefits Security Administration  
Top Hat Exemption  
200 Constitution Avenue, N.W. Room N-1513  
Washington, D.C. 20210  
Certified Mail Return Receipt Requested: 7196 9008 9111 8217 5717

REPORTING AND DISCLOSURE STATEMENT  
(for Unfunded Nonqualified Pension Plan for Select Employee)

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Part I, Title I, as provided for an unfunded or insured pension plan for a select group of management of highly compensated employees in D.O.L. Reg., §CFR 2520.104-23, the following information is provided by the undersigned employer:

- (1) The name of the employer is: The Cooper Clinic, A Professional Association
- (2) The mailing address of the employer is:  
  
12200 Preston Road  
Dallas, Texas 75230
- (3) The employer's federal identification number is: 75-1457989
- (4) The following plan has been adopted effective April 6, 2007 by the above named employer:

Supplemental Income Plan Between Cooper Clinic And Rob Nelson

The plan has one (1) select key management employee who is a participant. The above named employer maintains this plan primarily for the purpose of providing deferred compensation for the above named executive employee who is a member of a select group of management or highly compensated employees. The employer will provide a copy of the above named plan to the Secretary of Labor upon request.

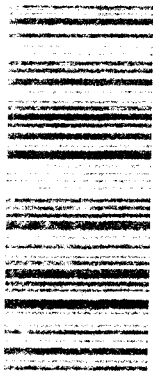
Dated: 10-1, 2013.

THE COOPER CLINIC, A PROFESSIONAL ASSOCIATION,  
a Texas professional association

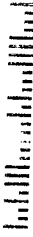
By: Kenneth H Cooper MD

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Bourland, Wail & Wenzel  
301 Commerce Street  
Suite 1500  
Fort Worth, TX 76102



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