

**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

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: Callen-Lorde Community Health Center
2. The mailing address of the Employer is: 356 W. 18th Street
New York, NY 10011
3. The Employer Identification Number is: 13-3409680
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:
Two Plans covering 3 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Callen-Lorde Community Health Center
A New York Organization

By: Andrew Thayer
Authorized Person

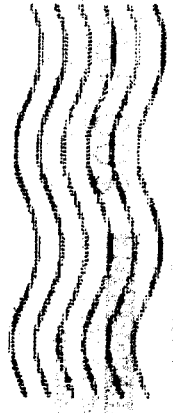
Dated: 4/3/15

CALLEN LORDE
COMMUNITY HEALTH CENTER

356 WEST 18TH STREET • NEW YORK, NY 10011

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