

2520150936283

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: Dr. Stanley and Pearl Goodman JFS of Broward County, Inc.

Employer's Address: 100 S. Pine Island Road Suite 230, Plantation FL 33324

Employer Identification Number: 59-0995106

457(b) Eligible Deferred Compensation Plan for Dr. Stanley and Pearl Goodman JFS of Broward County, Inc, which covers one participant.

Total Number of Plans: 1 457(b) Plan

[Name of Employer or Other Plan Administrator]  
Plan Administrator of the Plans Specified Above

By: Joanne Mainz, Controller

Date: 7-22-15, 2015.

