

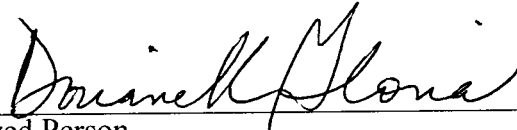
**Alternative Reporting and Disclosure Statement  
For Nonqualified Deferred Compensation Plans**

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 1 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: New York Blood Center, Inc.
2. The mailing address of the Employer is: 310 East 67th Street  
New York, NY 10065
3. The Employer Identification Number is: 13-1949477
4. The above named Employer maintains the following Plans primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees:  
  
New York Blood Center 457(f) Deferred Compensation Plan, covering 12 employees
5. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

New York Blood Center, Inc.

By:   
Authorized Person

Dated: 12/17/15

**▲ New York Blood Center**  
310 E. 67th Street, New York, NY 10065

**CERTIFIED MAIL**



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