



Community Health Center

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Executive Director / CEO

2520160710007

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Medical Director

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR A NONQUALIFIED DEFERRED  
COMPENSATION PLAN

2016 JAN 28 PM 3:40  
EBSA/PUBLIC DISCLOSURE

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 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 I and Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management of highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

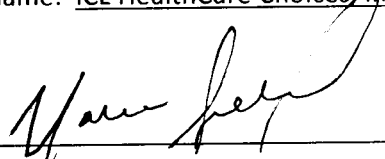
Employer's Name: ICL HealthCare Choices, Inc.  
Employer's Address: 6209 16<sup>th</sup> Avenue, Brooklyn, NY 11204  
Employer's Identification: 11-3488520

457 (b) Eligible Deferred Compensation Plan, which covers 3 Participants.

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Total Number of Plans 1.

Employer's Name: ICL HealthCare Choices, Inc. Plan Administrator of the Plans Specified Above.

By:   
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Maria Siebel

Date: 12/28/, 2015

