

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

**United Cerebral Palsy
of New York City**

80 Maiden Lane
8th Floor
New York, NY
10038-4811
tel 212-683-6700
fax 212-685-8394
www.ucpnyc.org

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 Plans 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 are paid as needed solely from the general assets of that Employer.

Employer's Name: United Cerebral Palsy of New York City Inc.

Employer's Address: 80 Maiden Lane, 8th Floor
New York, NY 10038

Employer Identification Number: 13-5654532.

457(f) which covers 1 Participant.

Total Number of Plans: 1.

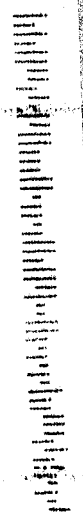
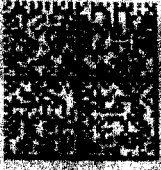
United Cerebral Palsy of New York City Inc.
Plan Administrator of the Plans Specified Above

By: Marianne Giglio

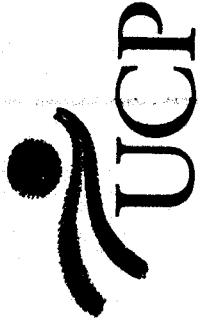
Date: December 23, 2008.



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Ms. Marianne Diczok
United Cerebral Palsy
of New York City
80 Maiden Lane
New York, NY
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