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April 2, 2009

Top Hat Exemption
Pension and Welfare Benefits Administration
Room N-5638
United States Department of labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: **Goodwill Industries of Northern New England**
2. The mailing address of the employer is: **353 Cumberland Ave., Portland, ME 04101**
3. The employer's federal identification number (EIN) is: **01-0284340**
4. The number of plans and the number of participants in each plan is: **1** plan covering **1** employee. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

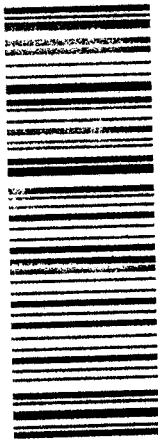
The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

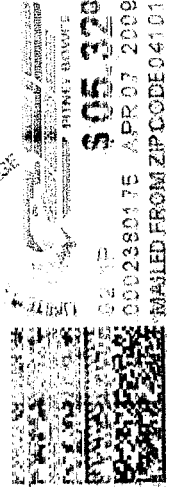


Steven Tselikis
Chief Financial Officer
Goodwill Industries of Northern New England

CERTIFIED MAIL



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