

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

ERISA/PUBLIC DISCLOSURE  
2009 JUN 25 AM 7:02

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 I 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: American Council for Capital Formation
2. The mailing address of the Employer is: 1750 K Street NW, Suite 400  
Washington, DC 20006-2309
3. The Employer Identification Number is: 52-0991278
4. The above named Employer maintains a Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:  
1 Plan covering 1 Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

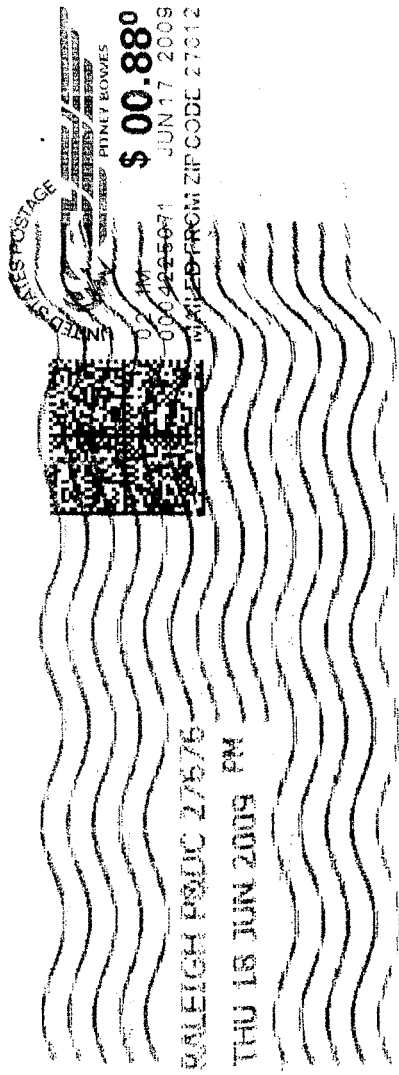
American Council for Capital Formation  
A District of Columbia Organization

By: John R. Maguire  
Authorized Person

Dated: 6/5/09

41141 ParkLake Ave.  
Suite 400  
Raleigh, NC 27612

RETURN SERVICE REQUESTED



FIRST CLASS MAIL

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave NW  
Washington, DC 20210