

EBSA/PUBLIC DISCLOSURE
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ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR [A]
NON QUALIFIED DEFERRED COMPENSATION PLANS [S]

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 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 1 of Title 1 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 or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general asset of that Employer.

Employer's Name: United Way of the Coastal Empire, Inc.

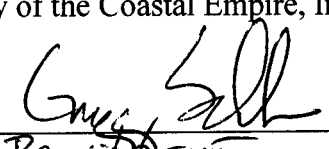
Employer's Address: 428 Bull Street, Savannah GA. 31401

Employer Identification Number: 58-0623603

Deferred Compensation 457(b) Plan for United Way of the Coastal Empire, which covers 1 Participant

Total Number of Plans: 1

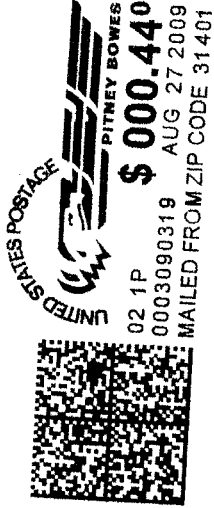
United Way of the Coastal Empire, Inc.

By: 
Title: PRESIDENT



**United Way
of the Coastal Empire**

428 Bull Street • P.O. Box 2946
Savannah, GA 31402



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