



EBSA/PUBLIC DISCLOSURE

2009 NOV 19 AM 7:38

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

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:

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| 1. | The name of the Employer is: | Research Triangle Foundation of North Carolina |
| 2. | The mailing address of the Employer is: | P.O. Box 12255
Research Triangle Park, NC 27709 |
| 3. | The Employer Identification Number is: | 56-0853674 |
| 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:

One Plan covering 2 Eligible Employees.

6. The Employer will provide a copy of the agreement to the office of Employee

Benefits Security Administration upon request.

Research Triangle Foundation of North Carolina
A North Carolina Corporation

By: Linda Hall
Authorized Person

Dated: 11/11/09



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