

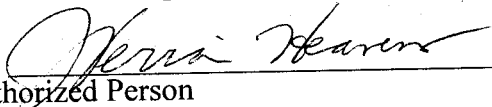
December 16, 2010

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: The Leona M. and Harry B.
Helmsley Charitable Trust
2. The mailing address of the Employer is: 230 Park Ave., Room 659
New York, NY 10169-0698
3. The Employer Identification Number is: 13-7184401
4. The above named Employer maintains a Plan (or Plans) 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(s) to the office of Employee Benefits Security Administration upon request.

The Leona M. and Harry B.
 Helmsley Charitable Trust
 A New York Organization

By: 
 Authorized Person

Dated: 12/15/10

THE LEONA M. AND HARRY B.
HELMSLEY
CHARITABLE TRUST

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New York, NY 10169



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