

**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

EBSA/PUBLIC DISPL
2011 DEC 20 PM 3:23

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: Share our Strength
2. The mailing address of the Employer is: 1730 M Street NW, Suite 700
Washington, DC 20036
3. The Employer Identification Number is: 52-1367538
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:
Two Plan(s) covering 1 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Share our Strength
A District of Columbia Organization

By: John M. Rice
Authorized Person

Dated: 12/15/11

T. Nelson

1730 M STREET NW, SUITE 700
WASHINGTON, DC 20036

CERTIFIED MAIL™



7003 1680 0005 2720 3055



Hasler

016H266505107

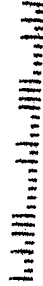
\$05.540

12/16/2011

Mailed From 20036

US POSTAGE

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N1513
U.S. Department of Labor
200 Constitution Ave NW
Washington, DC 20210



SHARE OUR
STRENGTH
NO KID HUNGRY

NO KID HUNGRY