

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN

2012 NOV 26 PM 4: 21

EBSA/PUBLIC DISCLOSURE

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 I 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 assets of that Employer.

Employer's Name: United Way of the Greater Capital Region, Inc.

Employer's Address: One United Way, Albany, New York

Employer Identification Number: 14-1364505

457 (b) Deferred Compensation Plan which covers 2 Participants.

Total Number of 457(b) Plans: 1

United Way of the Greater Capital Region, Inc.
Plan Administrator of the Plans Specified Above

By: Michelle Hammak

Date: 11/21, 2012.



United Way
of the Greater Capital Region

One United Way
P.O. Box 13865
Albany, NY 12212

www.unitedwaygcr.org



For Most Non-Profit
Employer Benefits Company Administrators
Room 10-5190
U.S. Department of Labor
200 Constitution Avenue NW
Washington DC 20210



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