

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2013 MAR -5 PM 3:28
EBSA/REGULATIONS

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: **Goodwill Industries of the Heartland**


Employer's Address: **1410 S 1st Ave, Iowa City, IA 52240**

Employer Identification Number: **42-0923563**

Goodwill Industries of the Heartland Eligible 457(b) Plan which covers 2 Participants.

Total Number of 457(b) Plans: 1

Goodwill Industries of the Heartland
Plan Administrator of the Plans Specified Above

By:  CFO

Date: 10/18, 2012.

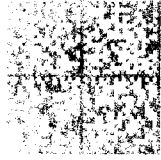
MUTUAL OF AMERICA

NORMANDALE LAKE OFFICE PARK
8000 NORMAN CENTER DRIVE SUITE 1110
BLOOMINGTON MN 55437-1119

ADDRESS SERVICE REQUESTED

MINNEAPOLIS
MN 55401

30 OCT 2011
PM 5 L



\$ 0.00

9 7 11

US Department of Labor
200 Constitution Ave NW
Washington DC 20210

Count
K33334

20210

