

2520130091753

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

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 North Carolina

Employer's Address: 875 Walnut Street, Suite 150B, Cary, NC 27511

Employer Identification Number: 56-0564547

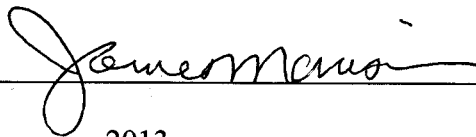
[Eligible 457(b) Deferred Compensation Plan], which covers 2 Participants.

[Name of Plan], which covers Participants.

Total Number of 457(b) Plans: 1

[United Way of North Carolina]
Plan Administrator of the Plans Specified Above

By: James Morrison



Date: August 14, 2013.

2013 AUG 22 PM 4:11
RECEIVED



United Way of
North Carolina

875 Walnut Street
Suite 1508
Cary, NC 27511

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Dept of Labor
200 Constitution Avenue NW
Washington, DC 20038