



**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

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: **Bracalente's Manufacturing Company, Inc.**
2. The mailing address of the Employer is: **20 West Creamery Road  
Trumbauerville, PA 18970**
3. The Employer Identification Number is: **23-1498190**
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(s) covering 8 Eligible Employees.**
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

**Bracalente's Manufacturing Company, Inc.**  
**A Pennsylvania Corporation**

By:   
Authorized Person

Dated: 05/19/2015



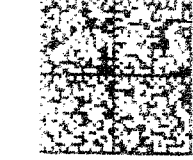
**BRACALENTE**

MANUFACTURING GROUP

P.O. BOX 570 • TRUMBAUERSVILLE, PA 189



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**RETURN RECEIPT  
REQUESTED**

