

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 11991

Amended Confirmation Number:

Employer Information

Name: Interface Children & Family Services
Address: 4001 Mission Oaks Blvd. Suite I
City: Camarillo
State: CA
Zip Code: 93012

Plan Administrator Information

Name: Interface Children & Family Services
Address: 4001 Mission Oaks Blvd. Suite I
City: Camarillo
State: CA
Zip Code: 93012
Phone: 8054856114
Email: mredard@icfs.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Interface Children & Family Services Section 457(f) Deferred Compensation Agreement (Erik Sternad)	Number of Employees: 1
ID:2	Plan Name:	Interface Children & Family Services Section 457(f) Deferred Compensation Agreement for Michael Redard	Number of Employees: 1

Additional Information:

This is the second top-hat plan maintained by this nonprofit entity.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 11991. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.