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CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

December 19, 2005

COMMUNITY  
FOUNDATION  
OF ST. JOSEPH  
C O U N T Y

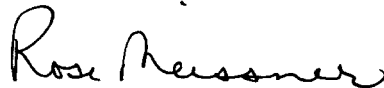
Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Community Foundation of St. Joseph County, Inc.

The purpose of this letter is to file the statement required by 29 CFR §2520.104-23 concerning the Community Foundation of St. Joseph County, Inc. Section 457(b) Deferred Compensation Plan. The Plan was established on December 15, 2005 to be effective January 1, 2005. Pursuant to the requirements of the referenced regulation, enclosed is a registration statement for the Plan.


Should you have any questions, please call at your earliest convenience.

Very truly yours,



Rose Meissner  
President

Enclosure



P.O. Box 837  
South Bend, IN  
46624

Phone (574) 232-0041  
FAX (574) 233-1906  
Email: [info@cfsjc.org](mailto:info@cfsjc.org)  
Website: [www.cfsjc.org](http://www.cfsjc.org)

**Top Hat Plan Statement**  
**To be Filed with the Department of Labor**

*This Top Hat Plan Statement has been provided as a sample only, and must be reviewed and completed by the Sponsor and the Sponsor's legal counsel prior to filing with the Secretary of Labor.*

**Statement Required Under Department Of Labor Regulations Section 2520.104-23**

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

Name of Employer:

Community Foundation of St. Joseph County, Inc.

Address of Employer:

205 W. Jefferson, Suite 400 South Bend, IN 46601

Employer's Employer Identification Number (EIN):

23-7365930

Number of such plans:

1 (one)

Number of employees in each plan:

1 (one)

This Statement must be filed within 120 days after the plan becomes subject to Title I, Part 1 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer may be required to provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Mail the completed Statement to the Secretary of Labor at:

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

COMMUNITY  
FOUNDATION  
OF ST. JOSEPH  
COUNTY

COMMUNITY FOUNDATION OF ST. JOSEPH COUNTY

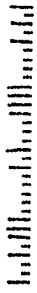


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TOP HAT PLAN EXEMPTION  
EMPLOYEE BENEFITS SECURITY ADMINISTRATION  
ROOM N-1513  
U.S. DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE, N.W.  
WASHINGTON, D.C. 20210

