



**INALLIANCE**  
 building a More Livable Workable World

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U.S. DEPARTMENT OF LABOR  
 OFFICE OF EMPLOYMENT PROGRAMS

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ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR  
 [A] NONQUALIFIED DEFERRED COMPENSATION PLAN

To: Top Hat Plan Exemption  
 Employee Benefits Security Administration  
 US Department of Labor  
 200 Constitution Avenue NW, Room N-5644  
 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 Employment 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 Name: Northern California InAlliance  
 Employer's Address: 6950 21st Avenue  
 Sacramento, CA 95820

Employer Identification Number: 94-1677011

457, which covers 7 Participants.

Total Number of Plans: 1.

Northern California InAlliance  
 Plan Administrator of the plan Specified Above

By:

Date:

12-12

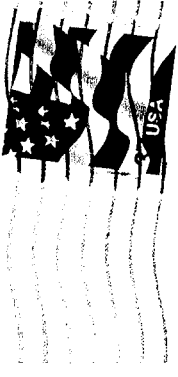
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# ALLIANCE

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