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U.S. DEPARTMENT OF LABOR
OFFICE OF EMPLOYMENT SECURITY

06 DEC 21 AM 10:27

301 W. NORTHERN LIGHTS BLVD., SUITE 408
ANCHORAGE, ALASKA 99503
P: 907.334.6700 F: 907.334.5780

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[s] 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: The Alaska Community Foundation

Employer's Address: 301 W. Northern Lights Blvd., Suite 408, Anchorage, AK 99503

Employer Identification Number: 92-0155067

Plan 457(b), which covers 1 Participant.

Total Number of Plans: 1

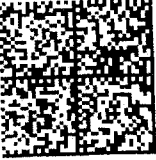
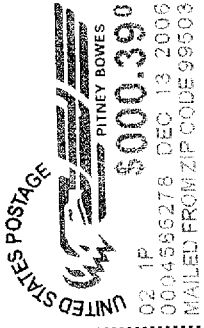
The Alaska Community Foundation
(Plan Administrator of the Plans Specified Above)

By:

Date: 12/6, 2006



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