

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

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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: ALTERNATIVE FAMILY SERVICES

Address of Employer: 1421 Guerneville Rd. Santa Rosa, CA 95403

Employer's Employer Identification Number (EIN): 94-2427088

Number of such plans: 1

Number of employees in each plan: 4

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



ALTERNATIVE
FAMILY
SERVICES

1421 GUERNEVILLE ROAD
SUITE 278
SANTA ROSA, CA 95403

ALTERNATIVE FAMILY SERVICES



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Employee Benefits Security Administration
Room N-5644
U.S. Dept. of Labor
210 Constitution Ave, N.W.
Washington, DC 20530*