



09/12/09 PM 12:21

April 30, 2009

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:
Employer Name: California Family Health Council
Address: 3600 Wilshire Boulevard, Suite 600
Los Angeles, California 90010
EIN#: 95-2564024

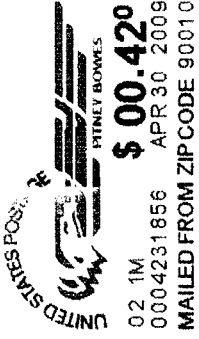
Name of Plan: California Family Health Council, Inc. Section 457(b) Plan
Number of Plan(s): One
Number of Employees in Plan(s): One

Very truly yours,

A handwritten signature in black ink, appearing to read 'Tina R. Walker', is written over a horizontal line.

Tina R. Walker – Director of Human Resources
Plan Administrator

cc: Judy Zybach



TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMIN
ROOM N-1513
US DEPT. OF LABOR
200 CONSTITUTION AVE., NW
WASHINGTON, DC 20210

