



EBSA/ERISA DISCLOSURE

2010 FEB -3 AM 7:36

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January 29, 2010

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CERTIFIED MAIL: RETURN RECEIPT REQUESTED

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

Re: Casey Family Programs Nonqualified Deferred Compensation Plan - Statement of Alternative Compliance

Dear Sirs:

On behalf of Casey Family Programs (the "Employer"), we are filing this statement of alternative compliance under 29 CFR § 2520.104-23 for the plan referenced above. The following information is supplied to comply with the regulation:

- A. Declaration of purpose: The Employer maintains the plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
- B. Employer Name and Address:

Casey Family Programs
1300 Dexter Avenue North, Floor 3
Seattle, WA 98109-3542
- C. Employer identification number: 91-0793881
- D. Number of plans: Including this plan, the Employer has 1 plan for a select group of management or highly compensated employees.
- E. Number of participants: This plan presently has 8 participants.



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Please contact the undersigned if you have any questions about the plan or about this filing.

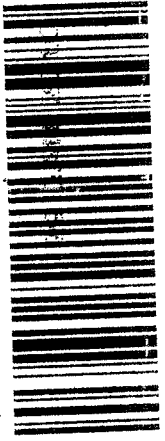
Very truly yours,

Erin L. Lennon

**STOEL
RIVES**
LLP
ATTORNEYS AT LAW

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Seattle, Washington 98101 USA

CERTIFIED MAIL



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