

2520111670585

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 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: Childhaven
Employer's Address: 316 Broadway Seattle WA 98122
Employer Identification Number:

91-0402430 457(b) Eligible Deferred Compensation Plan
which covers 1 Participant.

Total Number of Plans: 1

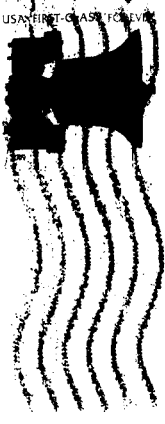
Plan Administrator of the Plans Specified Above

By: Melissa Wick

Date: 5-24, 2011.

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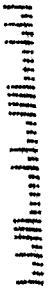
USA PERMIT NO. 4521 SEATTLE WA



Childhaven

316 Broadway
Seattle, WA 98122-5325

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Healing. Hugs. Hope. For 100 Years.



Childhaven

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