

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Children, Inc.
333 Madison Ave #2
Covington, KY 41011

Employer Identification Number: 31-0910787

Children, Inc. maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and Executives in Each Plan: #1

Rick Hutefeld, Executive Director
(1) plan(s) covering 1 employee(s).

Dated Dec 27th, 2012.

Children, Inc.
By: Rick Hutefeld
Title: Executive Director

2013 JAN -9 AM 11:49
EBSA/PUBLIC DIVISION

This form should be mailed to:

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

(Send certified mail to evidence filing requirement satisfied)

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Children, Inc.
333 Madison Ave #2
Covington, KY 41011

Employer Identification Number: 31-0910787

Children, Inc. maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and
Executives in Each
Plan:

(2)

_____ plan(s) covering 1 employee(s).

Thomas LOTTANAN, Associate Executive Director

Dated Dec. 27, 2012.

Children, Inc.

By: Rick Helyard

Title: Associate Executive Director

This form should be mailed to:

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

(Send certified mail to evidence
filing requirement satisfied)

2013 JAN -9 11:11 AM
ESSA/PUBLIC

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Children, Inc.
333 Madison Ave #2
Covington, KY 41011

Employer Identification Number: 31-0910787

Children, Inc. maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and
Executives in Each
Plan:

~~1~~ (3)

_____ plan(s) covering 1 employee(s).

Dated Dec 27, 2012.

Phyllis Berry,
Associate Executive
Director

Children, Inc.

By: Reed Helyard

Title: Executive Director

This form should be mailed to:

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

2013 JAN -9 AM 11:50

(Send certified mail to evidence
filing requirement satisfied)

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Children, Inc.
333 Madison Ave #2
Covington, KY 41011

Employer Identification Number: _____

Children, Inc. maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and
Executives in Each
Plan:

4

_____ plan(s) covering 1 employee(s).

Dated Dec 27, 2012.

JAMIES EPPING
Finance Director

Children, Inc.

By: Rich Huayes

Title: Executive Director

2013 JAN -9 AM 11:49
EBSA/PUBLIC/10-10-12

This form should be mailed to:

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

(Send certified mail to evidence
filing requirement satisfied)

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Children, Inc.
333 Madison Ave #2
Covington, KY 41011

Employer Identification Number: _____

Children, Inc. maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and
Executives in Each

Plan: 3 #5 _____ plan(s) covering 1 employee(s).

Dated 12/27/, 2012. Denise Steward

Children, Inc.

By: Rock Hulstfeld

Title: Executive Director

2013 JAN -9 AM 11:43
ESEA/PUBLIC AFFAIRS

This form should be mailed to:

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

(Send certified mail to evidence
filing requirement satisfied)

CERTIFIED MAIL™



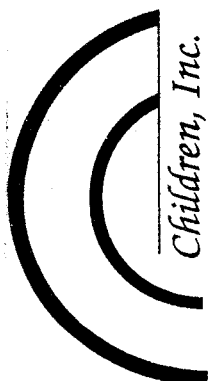
7011 0470 0001 0343 5556



29210

U.S. POSTAGE
PAID
COVINGTON, KY
41011
JAN 03 '13
AMOUNT

\$6.20
00019268-13



Children, Inc.

1053 MADISON AVE. COVINGTON, KY 41011

*Top Hat Plan Exemption
Employer Benefits Security Administration
Room N-1513
US Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C.*

**RETURN RECEIPT
REQUESTED**

2013/01/03