

ALASKA

Family Oriented

Community Based



2013 SEP 12 11:12:44

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: Alaska Family Services, Inc.

Employer's Address: 1825 South Chugach Street, Palmer, Alaska 99645

Employer Identification Number: 92-0078235

Mutual of America 457(b), which covers one Participant.

Total Number of 457(b) Plans: 1

Plan Administrator of the Plans Specified Above

By: *Jerry Banks*

Date: August 19, 2013.

Corporate Office:  
1825 S. Chugach St.  
Palmer, AK 99645  
Phone: 907-746-4080  
Fax: 907-746-1177

Behavioral Health Treatment Center:  
5851 E. Mayflower Ct.  
Wasilla, AK 99654  
Phone: 907-376-4000  
Fax: 907-373-1135

Wasilla Office:  
899 Commercial Dr.  
Wasilla, AK 99654  
Phone: 907-376-4080  
Fax: 907-373-0640

Toll Free: 1-866-746-4080

In Kenai Toll Free: 1-800-687-4172

www.akafs.org



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**FAMILY  
SERVICES**

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Palmer, AK 99645



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Washington, DC 20516

