

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: SARAH, Inc.

Employer's Address: 246 Goose Lane, Suite 101
Guilford, CT 06437

Employer Identification Number: 06-6011353

SARAH, Inc. 457(b) Eligible Deferred Compensation Plan which covers 1 Participant.

Total Number of 457(b) Plans: 1

SARAH, Inc.
Plan Administrator of the Plans Specified Above

By: Mary Orcutt

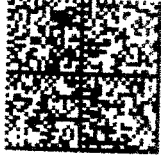
Date: July 15, 2014.

ES&A/PUBLIC/0901
2014 JUL 23 PM 12:11

246 Goose Lane, Suite 101, Guilford, CT 06437

SARAH
Inc.

HARTFORD
CT 061
17 JUL '14
PM 6 L



02 1A \$00.48⁰
0004323121 JUL 15 2014
MAILED FROM ZIP CODE 06437

Top Hat Plan Exemption
Employee Benefits Security Admin.
Rm N-5644
US Dept. of Labor
200 Constitution Ave, NW
Washington, DC, 20210

