

**Alternative Reporting and Disclosure Statement  
For Non-Qualified Deferred Compensation Plans**  
(Mailed to the DOL within 120 days of the date you adopt your 457(b) plan )

To: **US Department of Labor**  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Avenue, NW, Suite N-1513  
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income and 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, 29CFR Sec.2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is:  
PATHWAYS PA, INC.
2. The mailing address of the Employer is:  
310 AMOSLAND ROAD, HOLMES, PA 19043
3. The Employer Identification Number is: 23 - 2001837
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of plans and Eligible in each Plan (Non-Qualified Plans):  
1 Plan(s) covering 9 Eligible Employees
6. The Employer will provide a copy of the agreements(s) to the office of Pension and Welfare Benefit Program upon request.

Employer: PATHWAYS PA, INC

By: Maryann Cathron  
Authorized Person

Dated: 2/25/05



Services and advocacy for women, children and families

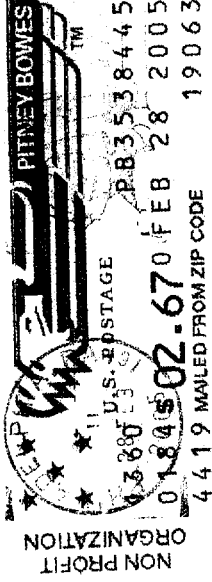
ADMINISTRATIVE OFFICE  
310 AMOSLAND ROAD  
HOLMES, PA 19043

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7001 1140 0003 9252 3264



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