

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N. W.
Washington, DC 20210

03/15/08 11:55 AM

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

1. The name of the Employer is: Pioneer Center for Human Services
2. The mailing address of the Employer is: 4001 Dayton Street
McHenry, IL 60050
3. The Employer Identification Number is: 36-2480845
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 Employees in each plan:
One Plan covering 4 Eligible Employees
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

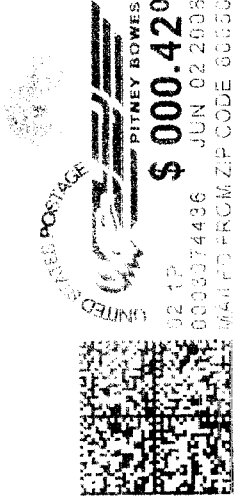
Pioneer Center for Human Services
An Illinois Organization

By: *Gail M. Rimogen*
(Authorized Person)

Dated: 6-2-08



4001 Dayton Street • McHenry, Illinois 60050



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