

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

2013 JUL -3 PM 2: 3

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

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 un-funded 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: Victor Community Support Services, Inc.
2. The mailing address of the Employer is: 1360 E. Lassen Avenue
Chico, CA 95973
3. The Employer Identification Number is: 43-1959837
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(s) covering 5 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Victor Community Support services, Inc.
A California Corporation

By: 
Authorized Person

Lenny R. Verser Jr.
Chief Financial Officer

Dated: 6/28/13



Helping Others Soar

Administrative Office
1360 East Lassen Avenue
Chico, CA 95973

RETURN REQUEST



7012 1010 0001 5247 6102

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RETURN REQUEST

Victor Treatment Centers / Victor Community Support Services / North Valley Schools