

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN

09 FEB 21 PM 1:57

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2520040761984

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: **Goodwill Industries Easter Seals of Kansas, Inc.**

Employer's Address: **3636 N. Oliver
P.O. Box 8169
Wichita, Kansas 67208.**

Employer Identification Number: **48-0673284**

Plan Name: **The Goodwill Industries Easter Seals of Kansas, Inc.
Section 457(b) Deferred Compensation Plan for Tax Exempt Employers.**

Plan Participants: **The Plan covers 7 eligible participants**

Total Number of Plans: **1**

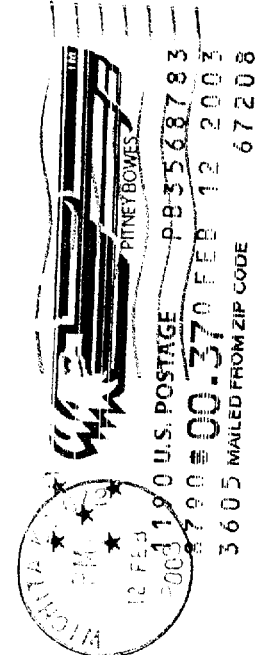
Plan Administrator: **The Goodwill Industries Easter Seals of Kansas, Inc.**

By: Mario Manda

Title: Pres.

Date: **December 31, 2002.**

Goodwill Industries
Easter Seals of Kansas, Inc.
Workforce Development Center
3636 N. Oliver, P.O. Box 8169
Wichita, KS 67208



Top Hat Plan Exemption
Pension and Welfare Benefits Administration
US Department of Labor, Room N-5644
200 Constitution Avenue NW
Washington, DC 20210

