

2520040763719

Alternative Reporting and Disclosure Statement
For Non-Qualified Deferred Compensation Plans

15 Pt. 3:11

To: US Department of Labor
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional 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 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:
Crosswinds Youth Services, Inc.
2. The mailing address of the Employer is:
1407 Dixon Blvd., Cocoa, FL 32922-6411
3. The Employer Identification Number is: 23 - 7376943
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 1 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: Crosswinds Youth Services, Inc.

By: Jan Gambin Loxey
Authorized Person

Dated: 9/11/03
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CROSSWINDS YOUTH SERVICES, INC.
1407 Dixon Boulevard
Cocoa, FL 32922
(321) 452-0800

US Department of Labor
Employee Benefits Sec. Admin.
200 Constitution Ave, NW
Suite N-1513
Washington, DC 20210

