

2520032904087

**ALTERNATE STATEMENT FOR REPORTING AND DISCLOSURE
(For Deferred Compensation Plans)**

**TO: Office of Pension and Welfare Benefit Programs
Labor Management-Services Administration
U.S. Department of Labor
Washington, D.C. 20216**

FROM: Employer: American Anthropological Association

Employer Identification Number: 53 0246691

**Address: 1703 New Hampshire Avenue, N.W.
Washington, DC 20009**

October 12, 1992

This document constitutes the statement required by 29 C.F.R., 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to nonqualified deferred compensation plans maintained by the above employer.

The employer currently maintains two nonqualified deferred compensation plan(s) for employees who are members of a select group of management or who are highly compensated.

The number of participants in each plan is as follows:

Plan 1 1

Plan 2 1

Plan 3 _____

Administrator:



Title:

Director of Finance of

Employer:

American Anthropological Association

