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American Academy of Orthopaedic Surgeons\*

AAOS

American Association of Orthopaedic Surgeons\*

6300 North River Road Rosemont, IL 60018-4262  
Phone 847/823-7186, 800/346-2267 Fax 847/823-8125 Fax-on-Demand 800/999-2939 Internet www.aaos.org

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

To: Top Hat Plan Exemption  
Pension and Welfare Benefit Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, D.C. 20210

From: Employer: American Academy of Orthopaedic Surgeons  
Employer Identification Number: 36-2110592  
Address: 6300 North River Road  
Rosemont, Illinois 60018-4262

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

The employer has recently established: (1) the American Academy of Orthopaedic Surgeons Eligible Deferred Compensation Plan (the "Eligible Plan"); and (2) the American Academy of Orthopaedic Surgeons Non-Eligible Deferred Compensation Plan (the "Non-Eligible Plan"). The employer previously established: (1) the William W. Tipton, Jr. Supplemental Retirement Benefit (the "Tipton Plan"); and (2) the Lawrence E. Rosenthal Supplemental Retirement Benefit (the "Rosenthal Plan"). The Eligible Plan, Non-Eligible Plan, Tipton Plan and Rosenthal Plan are hereinafter referred to as the Plans. The employer has created the Plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The Plans have currently one (1) participant each. The employer has no other similar plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. Copies of these Plans are available upon request.

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

By: James H. Herndon

Print Name: JAMES H. HERNDON

Print Title: PRESIDENT AAOS



Ck# 00357912 01/07/04

Vendor # 00016662

Invoice #	Description	Invoice Date	Gross Amt	Discount	NetAmt
9903-12/19/03		12/19/03	750.00	0.00	750.00
	AN RETURN/REPORT EMP BENEFIT PLAN FILING				

Totals 750.00 0.00 750.00