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U.S. DEPARTMENT OF LABOR  
OFFICE OF DISCLOSURE

**Top Hat Plan Statement  
to be Filed with the Department of Labor**

OCT 27 PM 1:40

*This Top Hat Plan Statement must be reviewed and completed by the employer and the employer's legal counsel prior to filing with the Secretary of Labor.*

**Statement Required Under Department of Labor Regulations Section 2520.104-23**

The Employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Employer:

Hydraulic Institute

Address of Employer:

9 Sylvan Way, Parsippany, NJ 07054

Employer's Employer Identification Number (EIN)

22-3525903

Number of such plans:

2

Number of employees in each plan:

457(f) = 1 employee      457(b) = 2 employees

This Statement must be filed within 120 days after the plan becomes subject to Part I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer may be required to provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Mail the completed Statement to the Secretary of Labor at:  
Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Ave., N.W.  
Washington, D.C. 20210



5272 River Road • Suite 700  
Bethesda, Maryland 20816-1405



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Top Hat Plan Exemption  
Pension & Welfare Benefits Administration  
Room - N-5644  
U.S. Department of Labor  
200 Connecticut Ave., N.W.  
Washington, DC 20210

